

**OCBC Bank**Oversea-Chinese Banking Corporation Limited
65 Chulia Street, OCBC Centre, Singapore 049513
Tel : +65-6538 1111 www.ocbc.com**Trade Finance Application Form**☐ Trade only ☐ Trade + Commercial Property Loan**(A) FACILITY REQUESTED**

Facility	Tenor	Existing Limit	Change (+/-)	New Limit
<input type="checkbox"/> Letter of Credit (Sight / Usance*)	_____	_____	_____	_____
<input type="checkbox"/> Overdraft (On demand)	_____	_____	_____	_____
<input type="checkbox"/> FX (Spot / Forward / Option Contract*)	_____	_____	_____	_____

Sub-Limit

Facility	Tenor	Existing Limit	New Limit	Facility	Tenor	Existing Limit	New Limit
<input type="checkbox"/> LLC (Sight / Usance*)	_____	_____	_____	<input type="checkbox"/> EBP (LC/DP/DA*)	_____	_____	_____
<input type="checkbox"/> SGL	N.A.	_____	_____	<input type="checkbox"/> TR (LC/DP/DA*)	_____	_____	_____
<input type="checkbox"/> SGC	N.A.	_____	_____	<input type="checkbox"/> Draft Loan (Import)	_____	_____	_____
<input type="checkbox"/> BG	_____	_____	_____	<input type="checkbox"/> Draft Loan (Export)	_____	_____	_____
<input type="checkbox"/> Preshipment	_____	_____	_____	<input type="checkbox"/> AWB	N.A	_____	_____
<input type="checkbox"/> Others	_____	_____	_____				

Purpose ☐ Own Trade Requirement / Working Capital ☐ Others (Please specify: _____)Sources of Payment ☐ Own Business' Cash Flow ☐ Other Business' Cash Flow
☐ Sales of Assets ☐ Others (Please specify: _____)**(B) BUSINESS PARTICULARS**

Registered Business Name:	Registration Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y	Registration No. : _____ GST No.: _____
Business Address:	Years in Business: _____ No. of Partners/Directors: _____ No. of Permanent Employees: _____	Constitution: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited <input type="checkbox"/> Others : _____
Postal Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mailing Address (if different from above):	Principal Activities:
Postal Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Turnover (latest): S\$: _____ More than 50% of revenue received from property investment: <input type="checkbox"/> Yes <input type="checkbox"/> No More than 50% of the total assets from immovable property in Singapore: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Business: <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transport, Storage & Comm <input type="checkbox"/> General Commerce <input type="checkbox"/> Entertainment & Recreation <input type="checkbox"/> Professional <input type="checkbox"/> Building and Construction <input type="checkbox"/> Others (Please specify: _____)		

Business Premises: <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Rented, Monthly Rental: S\$ _____	Contact Email Address:
Contact Person & Designation:	Office No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mobile No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Facsimile No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

EXISTING BANKING FACILITIES

No. of Properties Owned: _____					
Address(es) of Properties Owned:	Mortgaged	Bank	Credit Limit S\$	Monthly Instalment (S\$) CPF Cash	Rental Income (S\$)
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of Facility	Security Details/Amount S\$	Bank	Credit Limit S\$	Monthly Instalment (S\$) CPF Cash	Outstanding Amount (S\$)

(C) PERSONAL PARTICULARS – PRINCIPAL 1 / GUARANTOR 1 * Guarantor ☐ Yes ☐ No

Name as in NRIC (Dr / Mr / Mrs / Ms / Mdm *):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Race:	Nationality: <input type="checkbox"/> S'pore PR Date of Birth: (DD MM YY)
Office Number:	Mobile Number:	Home Number:	NRIC/Passport Number:
Relationship to Main Applicant:	Education Level: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Pre-University <input type="checkbox"/> Degree <input type="checkbox"/> Masters Degree & Above <input type="checkbox"/> No Formal Education <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
No. of Dependents:			
Name of Employer: <input type="checkbox"/> Self Employed	Office Address: Postal Code:	Occupation: Length of Service:	
Nature of Business:	Monthly Income: S\$	Other Income/Source: S\$	% Shareholding:
Residential Address:		Length of Stay (years):	Name of Previous Employer: (if less than 3 years with current)
Residence: <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Parents' <input type="checkbox"/> Others _____ <input type="checkbox"/> Rented:\$_____ (Per Month)		Occupation/Length of Service:	

EXISTING BANKING FACILITIES

No. of Properties Owned: _____					
Address(es) of Properties Owned:	Mortgaged:	Bank	Credit Limit S\$	Monthly Instalment (S\$) CPF Cash	Rental Income (S\$)
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of Facility	Security Details/Amount S\$	Bank	Credit Limit S\$	Monthly Instalment (S\$) CPF Cash	Outstanding Amount (S\$)

PERSONAL PARTICULARS – PRINCIPAL 2 / GUARANTOR 2 * Guarantor ☐ Yes ☐ No

Name as in NRIC (Dr / Mr / Mrs / Ms / Mdm *):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Race:	Nationality: <input type="checkbox"/> S'pore PR Date of Birth: (DD MM YY)
Office Number:	Mobile Number:	Home Number:	NRIC/Passport Number:
Relationship to Main Applicant:	Education Level: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Pre-University <input type="checkbox"/> Degree <input type="checkbox"/> Masters Degree & Above <input type="checkbox"/> No Formal Education <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
No. of Dependents:			
Name of Employer: <input type="checkbox"/> Self Employed	Office Address: Postal Code:	Occupation: Length of Service:	
Nature of Business:	Monthly Income: S\$	Other Income/Source: S\$	% Shareholding:
Residential Address:		Length of Stay (years):	Name of Previous Employer: (if less than 3 years with current)
Residence: <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Parents' <input type="checkbox"/> Others _____ <input type="checkbox"/> Rented:\$_____ (Per Month)		Occupation/Length of Service:	

EXISTING BANKING FACILITIES

No. of Properties Owned: _____					
Address(es) of Properties Owned:	Mortgaged	Bank	Credit Limit S\$	Monthly Instalment (S\$) CPF Cash	Rental Income (S\$)
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of Facility	Security Details/Amount S\$	Bank	Credit Limit S\$	Monthly Instalment (S\$) CPF Cash	Outstanding Amount (S\$)

PERSONAL PARTICULARS – PRINCIPAL 3 / GUARANTOR 3 * Guarantor ☐ Yes ☐ No

Name as in NRIC (Dr / Mr / Mrs / Ms / Mdm *):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Race:	Nationality: <input type="checkbox"/> S'pore PR Date of Birth: (DD MM YY)
Office Number:	Mobile Number:	Home Number:	NRIC/Passport Number:
Relationship to Main Applicant:	Education Level: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Pre-University <input type="checkbox"/> Degree <input type="checkbox"/> Masters Degree & Above <input type="checkbox"/> No Formal Education <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
No. of Dependents:			
Name of Employer:	Office Address:	Occupation:	
<input type="checkbox"/> Self Employed	Postal Code:	Length of Service:	
Nature of Business:	Monthly Income: S\$	Other Income/Source: S\$	% Shareholding:
Residential Address:		Length of Stay (years):	Name of Previous Employer: (if less than 3 years with current)
Residence: <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Parents' <input type="checkbox"/> Others _____ <input type="checkbox"/> Rented: \$_____ (Per Month)		Occupation/Length of Service:	

EXISTING BANKING FACILITIES

No. of Properties Owned: _____					
Address(es) of Properties Owned:		Mortgaged:	Bank	Credit Limit S\$	Monthly Instalment (S\$) CPF Cash
1. <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Type of Facility	Security Details/Amount S\$	Bank	Credit Limit S\$	Monthly Instalment (S\$) CPF Cash	Outstanding Amount (S\$)

PERSONAL PARTICULARS – PRINCIPAL 4 / GUARANTOR 4 * Guarantor ☐ Yes ☐ No

Name as in NRIC (Dr / Mr / Mrs / Ms / Mdm *):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Race:	Nationality: <input type="checkbox"/> S'pore PR Date of Birth: (DD MM YY)
Office Number:	Mobile Number:	Home Number:	NRIC/Passport Number:
Relationship to Main Applicant:	Education Level: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Pre-University <input type="checkbox"/> Degree <input type="checkbox"/> Masters Degree & Above <input type="checkbox"/> No Formal Education <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
No. of Dependents:			
Name of Employer:	Office Address:	Occupation:	
<input type="checkbox"/> Self Employed	Postal Code:	Length of Service:	
Nature of Business:	Monthly Income: S\$	Other Income/Source: S\$	% Shareholding:
Residential Address:		Length of Stay (years):	Name of Previous Employer: (if less than 3 years with current)
Residence: <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Parents' <input type="checkbox"/> Others _____ <input type="checkbox"/> Rented: \$_____ (Per Month)		Occupation/Length of Service:	

EXISTING BANKING FACILITIES

No. of Properties Owned: _____					
Address(es) of Properties Owned:		Mortgaged	Bank	Credit Limit S\$	Monthly Instalment (S\$) CPF Cash
1. <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Type of Facility	Security Details/Amount S\$	Bank	Credit Limit S\$	Monthly Instalment (S\$) CPF Cash	Outstanding Amount (S\$)

(D) TRADE DETAILS

List of Regular Customers	Country	% of Sales/Terms	Please tick if applicable for Draft Loan (Export)
1) _____			<input type="checkbox"/>
2) _____			<input type="checkbox"/>
3) _____			<input type="checkbox"/>
4) _____			<input type="checkbox"/>
5) _____			<input type="checkbox"/>

List of Regular Suppliers	Country	% of Purchase/Terms	Please tick if applicable for Draft Loan (Import)/Local LC
1) _____			<input type="checkbox"/>
2) _____			<input type="checkbox"/>
3) _____			<input type="checkbox"/>
4) _____			<input type="checkbox"/>
5) _____			<input type="checkbox"/>

(E) COLLATERAL TO BE PROVIDED

** Please indicate Existing (E) or New (N) for the collateral provided.*

<input type="checkbox"/> Singapore Dollars Fixed Deposit (Amount): _____ Deposit Registered Owner: _____	<input type="checkbox"/> ACU Deposit (Currency and Amount): _____ Deposit Registered Owner: _____
<input type="checkbox"/> Structured Deposit (Currency and Amount): _____; Tenor: _____ Deposit Registered Owner: _____	
<input type="checkbox"/> Banker's Guarantee Amount: _____ Financial Institution: _____	<input type="checkbox"/> Standby Letter of Credit (Currency and Amount): _____ Financial Institution: _____
<input type="checkbox"/> Corporate Guarantee: Name: _____; Reg. No.: _____	<input type="checkbox"/> Personal Guarantee
<input type="checkbox"/> Property (Purchase Price / Estimated Value*) _____	<input type="checkbox"/> Others: _____
Address of Property: _____	

TYPE OF PROPERTY

<input type="checkbox"/> Residential:	<input type="checkbox"/> Bungalow <input type="checkbox"/> Apartment	<input type="checkbox"/> Semi-Detached <input type="checkbox"/> Maisonette	<input type="checkbox"/> Terrace <input type="checkbox"/> Townhouse	<input type="checkbox"/> Condominium <input type="checkbox"/> Walk-up Apartment	<input type="checkbox"/> HUDC (Phase: _____) <input type="checkbox"/> Others (Phase: _____)
<input type="checkbox"/> Commercial:	<input type="checkbox"/> Shop Unit	<input type="checkbox"/> HDB Shop	<input type="checkbox"/> Shophouse	<input type="checkbox"/> Office Unit	<input type="checkbox"/> Others (Phase: _____)
<input type="checkbox"/> Industrial:	<input type="checkbox"/> Landed Factory	<input type="checkbox"/> Flatted Factory	<input type="checkbox"/> Warehouse		

Built in Area _____ Sq metre / ft*	Title: <input type="checkbox"/> Freehold <input type="checkbox"/> Leasehold: _____	Age of Property: _____ Years Commenced Since: _____	Property: <input type="checkbox"/> Completed <input type="checkbox"/> Under construction Expected TOP Date: _____
Land Area _____ Sq metre / ft*			
No. of Storey: _____			

Sources of Payment	<input type="checkbox"/> Owner Occupation	<input type="checkbox"/> Owner Occupation (Sublet) Monthly Rental Income (Existing / Expected*) S\$ _____	<input type="checkbox"/> Investment Monthly Rental Income (Existing / Expected*) S\$ _____
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Mortgagor Name (s)	NRIC/BRN	% Owned^
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

^ for Tenancy in common only

For Individual Ownership, please indicate ☐ Jointed Tenancy ☐ Tenancy in Common ☐ Sole Owner CPF Utilization To Date: S\$ _____

MY / OUR FINANCING REQUIREMENTS (FOR COMMERCIAL PROPERTY LOAN APPLICATION)**Purchase**

Nett Purchase Price S\$ _____
 Less Own Cash Resource
 (Less: cash to be used for stamp
 & legal fee S\$ _____) S\$ _____
Financing Requirements S\$ _____

Loan to be structured as follows:

Term Loan 1 S\$ _____ for _____ years
 Term Loan 2 S\$ _____ for _____ years
 Term Loan 3 S\$ _____ for _____ years
 Overdraft S\$ _____
 Others S\$ _____

Final Payment (8%) to be earmarked from: ☐ Term loan ☐ Overdraft
 (For Direct Purchases from HDB)

Refinance

Current Bank / Financier: _____
 Existing Credit Facilities:
 Outstanding Term Loan: S\$ _____
 Undisbursed Loan Amount (if any): S\$ _____
 Overdraft: S\$ _____
 Total Loan Outstanding: S\$ _____
 Total CPF Utilised (Including Accrued Interest): S\$ _____
 Stamp Fee Earmarked from CPF: S\$ _____
 Financing Requirements:
 Term Loan 1 S\$ _____ for _____ years
 Term Loan 2 S\$ _____ for _____ years
 Term Loan 3 S\$ _____ for _____ years
 Overdraft S\$ _____
 Others S\$ _____
 Monthly CPF to be used for Loan repayment S\$ _____

CPL Shield Finance

Name of first life to be assured: <input type="checkbox"/> Single life <input type="checkbox"/> Multiple lives	Sum Assured (% loan amount)	Assured Period (yrs)
Name of first life to be assured: <input type="checkbox"/> Single life <input type="checkbox"/> Multiple lives	Sum Assured (% loan amount)	Assured Period (yrs)

(F) MY / OUR SOLICITOR

Law Firm	Contact Person
Address	Postal Code

(G) Referred to OCBC Bank by (If applicable):

Agency Name:	Agent Name:	Other Sources:
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DECLARATION

I / We and severally:

1. Confirm that all information provided or which may subsequently be provided to the Bank by me / us is / will be true, accurate and complete at all times and I / we have not withheld any material information. I / We undertake to notify the Bank immediately of any change in such information.
2. Agree to disclose true copies of any financial statements and other documents as may be required by the Bank, which documents shall thereby become and remain the Bank's property regardless of the outcome of my / our application.
3. Authorize the Bank to conduct credit checks and verify information given in this application with any person / authority without prior reference to the Firm / Company and / or to me / us.
4. Expressly and irrevocably permit and authorize the Bank and the Bank's officers to disclose, reveal and divulge any and all information and particulars relating to and in connection with the Firm / Company and / or the Firm / Company's accounts with the Bank at any time to any party as the Bank may deem fit, including but not limited to the Credit Bureau or the relevant insurers who require such information or documents to access, effect or process the CPL shield (or anything in connection therewith) . Without prejudice to the foregoing, where withdrawal of CPF funds is involved, I / we hereby authorize you to disclose to the CPF Board any information as may be required regarding this application.
5. Undertake to pay all fees, expenses and charges in connection with this application and agree that such fees, expenses and charges are not refundable whether or not the application herein is approved.
6. Declare that (i) I / we / are not bankrupt and no Statutory Demand has been served on me / us or the Firm / company and (ii) I / we / the Firm / Company is / are not insolvent and no dissolution or other proceedings of similar effect have been served on the Firm.
7. Acknowledge that the Bank has the absolute right to reject or approve the Firm's / Company's application without assigning any reason therefore.
8. Confirm that the buyers and suppliers applicable for draft loan (import / export) & / or Local LC listed under Trade Details are not related to the company.
9. Acknowledge and confirm that the Commercial & Industrial Property Loan Addendum Form (if any) completed and signed by each of the principal / Guarantors states in such addendum shall form part of and be incorporated into this application.

SOLE PROPRIETOR / PARTNERS* / DIRECTOR / GUARANTOR / OF THE FIRM TO SIGN

Principal / Guarantor 1*: _____ Name : Date:	Principal / Guarantor 2*: _____ Name : Date:	Principal / Guarantor 3*: _____ Name : Date:	Principal / Guarantor 4*: _____ Name : Date:
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FOR BANK USE

Valuation S\$	Expected Monthly Rental Income S\$	Valuer / Firm	Date Valued
Total CPL Shield Premium 1: S\$	Total CPL Shield Premium 2: S\$	CPL Shield Finance Amount: S\$	CPL Shield Finance Tenor:(yrs)

* please delete if applicable

APPENDIX – TRADE EXCEPTIONS

Please fill in this section if you are requesting for Trade Exceptions.

Trade exceptions requested:

- ☐ 3rd Country Shipment
- ☐ Insurance covered by ultimate Buyer (usually 3rd party shipment)
- ☐ Bank does not have title (ie not to order of OCBC Bank) or Bank has no control of goods (ie full set of documents)
- ☐ Consignee of BL “to order”
- ☐ Forwarder Cargo Receipt or Charter Party Bill of Lading or Rail transport document or Delivery order (for local delivery) is allowed.
- ☐ AWB consigned to 3rd party/applicant ((usually for 3rd party shipment or for perishables)
- ☐ Delivery order made out to order of applicant (For local LC only)
- ☐ Documents called for (in LC) to be issued by applicant

Please complete the following questionnaires and indicate the reason(s) / justifications for request (s):

1. Is there any 3rd country shipment? E.g. shipment from country X to country Z, without coming to Singapore

☐ Yes ☐ No

If yes, from _____ (country) to _____ (country).

2. If yes, who covers the insurance?

☐ Seller ☐ Ultimate Buyer

3. If it is Ultimate Buyer, what is the country of shipment and the name of the insurance company?

4. What is the transport mode for the purchase of goods?

☐ Sea ☐ Air ☐ Local Delivery

5. What type of transport document is required?

Is there any requirement for Forwarder Cargo Receipt, Charter Party Bill of Lading, Delivery order? [Note : these documents are not deemed as transport documents to OCBC.]

6. Does Bank has title or has control of goods? If not, why?

7. Is there any circumstance there would be requirement for Bill of Lading to be made out to order or full set of bill of lading or Airway Bill not channelled to Bank?

☐ Yes ☐ No

If yes, when and why? _____

8. Other exception: Is there any other trade exception?

BDM /AM Name: _____ Signature: _____ Date: _____