

**KCB**Making the
Difference**KCB SME CREDIT FACILITY APPLICATION FORM****CUSTOMER'S
PASSPORT
SIZE PHOTO**

KCB Account Title;	Application Date:
Business Name (If different from A/C Title)	KCB Account No:
	Date opened:

A) BUSINESS DETAILS

Business Details			
Business Name:		Nature of Business:	
Date Started:	Reg. No. / ID No:	PIN No:	
Ownership: Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Others <input type="checkbox"/>			
If a Partnership: VAT No:		Share holding %	
If a Limited Liability Company:			
Company Registration Date:	Company Receivership Date:	Company Dissolution Date:	VAT No:
Building Name:	Building Block No:	Street:	
Office Address:	Post Code:	Office Fax No. Website:	
Town:	Country:		
Location of Business / Residential Address: (Street, Plot No. etc.)			
Address: P.O. Box	Code	Town	Tel. No.
Email Address:		Fax No.	
Contact Person: (Of the business on a day-to-day basis)		Experience: (years) (In the line of business)	
No. Of Employees:	Business Premises: Owned <input type="checkbox"/> Rented <input type="checkbox"/>		

Details of Applicants (to be completed by Sole Proprietor)

Surname:	Other Names:	
Gender:	Date of Birth:	Marital Status:
ID / Passport No:	PIN No.	Nationality:
Home Address:	Post Code:	Home Tel: Cell Phone:
Fax No:	E-mail:	Country:
Physical Address:	House No.	Street:
Duration at Current Address:		

B) CREDIT REQUEST DETAILS

Type of Facility	Facility Amount Applied For (kshs)	Purpose
1. Overdraft		
2. Loan		
3. Other i.e. Structured, Wholesale, MFI (please specify)		

Total Cost of Project/ Items to be financed: kshs.....

(Where applicable please attach documentary evidence of costs to be financed e.g. IPOs, Pro-forma invoices etc)

Sources of Repayment.....

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Proposed Repayment Terms.....

C) EXISTING FACILITIES

i) In KCB:

Nature of Facility	Branch	Limit/ Initial Amount Granted (kshs)	Outstanding	Repayment per Month (Kshs)

ii) In other Banks/ Institutions:

Nature of Facility	Branch	Limit/ Initial Amount Granted (kshs)	Outstanding	Repayment Month

D) DIRECTORS AND SHAREHOLDERS/ PARTNERS

Director	Share holders	% Shares (Above 5%)
1)	1)	
2)	2)	
3)	3)	
4)	4)	
5)	5)	

E) KEY PERSON (S) IN THE BUSINESS (i.e. ALL proprietor, partners, directors, Share holders)

Surname:		Other Names:		
Gender:		Date of Birth:		Marital Status:
ID / Passport No:		PIN No.		Nationality:
Home Address:		Post Code:		Home Tel: Cell Phone:
Fax No:		E-mail:		Country:
Physical Address:		House No.		Street:
Duration at Current Address:				
Designation		Qualification		Length of period in Business(years)
Any personal account? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes indicate Below		
Account No:		Bank.		Branch
Facilities Enjoyed.		Type		Amount.

If more than one key person, indicate details in a separate schedule)

F) ASSOCIATED ACCOUNTS

A/C Title	Bank/ Branch	Type of Account	Facilities Enjoyed	Amount (kshs)

G) FINANCIAL DETAILS

Details for the Last 12 Months on:	From:..... To:.....		As at last month end date
Sales (p.a.)		Value of Stocks Held	
Cost of Goods Sold		Trade Debtors O/S	
Operating Expenses		Trade Creditors O/S	
Other Costs		Other Debts	
Net profit (before tax)		Paid-up capital	

H) SECURITY

Nature of Security: Property Title <input type="checkbox"/> Quoted Shares <input type="checkbox"/> Life Policy <input type="checkbox"/> Fixed deposit <input type="checkbox"/> Other <input type="checkbox"/>	
If you have ticked 'Other' above, specify nature of the security below:	
Approximate Market value: kshs.	Owned by:
If security is not owned by the	Applicant indicate the following details relating to the owner:
P.O Box No.: Post office code:	Town: Tel No.:
If nature of security offered is	'Property Title' indicate the following details:
Location of property:	LR No: (Attach copy of title document)
Nearest major Town:	Size (in acres):
If property is developed, describe	Nature of developments below:

I) FUTURE PLANS/ EXPECTATIONS

If granted the advance, briefly describe below what the business expects to achieve:

- In the short term:.....
- In the long term:.....

<p>Kindly Attach the following documents for facility processing;</p> <ul style="list-style-type: none"> Copy of Business Registration Certificate Copy of Memorandum and Articles of Association for limited Companies Copies of Identification documents (National ID or passport) for Directors or business owner Projected cash flows covering the next two years Aged lists of current debtors and creditors for working capital finance. Please attach copy of Trade License If not an existing KCB bank Customer- Copies of your bank Statements for the last six months Copy of PIN Certificate Audited Accounts for the last 3 years (Amounts above 3.0 Million) Latest Management Accounts 	<p>Talk to your Business Banker or the nearest KCB Branch on our range of business product</p> <ul style="list-style-type: none"> KCB Business privilege Account KCB Biashara Club KCB Business Entrepreneurs Account KCB Tuungane and Investments Account KCB Insurance Premium Finance KCB Assets Based Financing KCB Credit/Debit Cards KCB Grace Loans KCB Foreign Exchange Solutions KCB Trade Finance Services Savings & Loan Mortgage & Bridging Loans Any other Business facilitation banking services
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J) APPLICANT(S) DECLARATION/ DISCLOSURE

I/We hereby authorize the Bank to disclose and or obtain any information relating to my/our account(s) to and or from any credit reference bureau or any other institution or third party as it deems necessary.

I/we declare we have not been adjudged bankrupt

I/we understand that you may in your sole discretion reject this application without having to provide any reasons.

Name : De signa tion:	Sig na ture	Da te :
Name : De signa tion:	Sig na ture	Da te :
Name : De signa tion:	Sig na ture	Da te :
Name : De signa tion:	Sig na ture	Da te :

BANK USE ONLY		
PRO DUC TNAME	PARKING BRANCH	BUSINESS BANKER NAME & C O D E