

SECURED FINANCING APPLICATION FORM						
Types of Term Loan	Overdraft	Collateral Fix	xed deposit Shares			
	PERSONAL P	PARTICULARS				
Main Applicant Full Name as in NRIC / Passport: Mr/Mrs/Mc	dm/Ms/Dr Gender:	Joint Applicant Full Name as in NRIC / Passport: Mr/Mrs/Mdm/Ms/Dr Gender: Male Female				
Date of Birth: (dd/mm/yyyy)	NRIC / Passport No:	Date of Birth: (dd/mm/yyyy)	NRIC / Passport No:			
Race: Malay Chinese Indian	Others:	Race: Malay Chinese Indian Others:				
Nationality: Singaporean Singapore PR	Others:	Nationality: Singaporean Singapore PR Others:				
Highest Education Level Attained:		Highest Education Level Attained:				
Post Grad Degree Diplom Others (Pls specify)	na C'A' Level C'O' Level	Post Grad Degree Diploma 'A' Level 'O' Level Others (Pls specify)				
Name of last institution attended:		Name of last institution attended:	Name of last institution attended:			
Marital Status Single Married	Divorced Widowed	Marital Status Single Married Divorced Widowed				
No. of Dependants & Ages		No. of Dependants & Ages	Relationship with Main Applicant			
Home Address:			Home Address:			
	Postal Code		Postal Code			
Ownership Type: Owned Rented Family's Mortgaged		Ownership Type: Owned Rented Family's Mortgaged				
Others (Pls specify)	_ , _ 0 0	Others (Pls specify)				
Years stayed: Rental S	\$: per month	Years stayed: Per month				
Contact No: (Please provide at least 2) Home No: Mobile No:	Office No:	Contact No: (Please provide at least 2) Home No: Mobile No: Office No:				
Email:		Email:				
Mailing Address: same as Main	MAILING Applicant's Home Address	ADDRESS				
IOTE: In the case of joint applicants, we agree that this ac Name of Current Employer:		nn RHB and us subject to RHB Bank's Standard Terr NT DETAILS Name of Current Employer:	Postal Code ms And Conditions Related To Credit And Or Banking			
Occupation:		Occupation:				
Address of Employer:		Address of Employer:				
Postal Code		Postal Code				
Job Status: Salaried Commission-Based	Self-Employed Contract	Job Status: Salaried Commission-Based	Self-Employed Contract			
Industry Type:	Gross Monthly Salary (S\$):	Industry Type:	Gross Monthly Salary (S\$):			
Other Income:	No. of Years in Service:	Other Income:	No. of Years in Service:			
Name of Previous Employer:		Name of Previous Employer:				
No. of Years in Service:		No. of Years in Service:				

FINANCIAL COMMITMENTS									
Credit Facility (inclusive of RHB Bank accounts, if any) MAIN APPLICANT									
Bank	Type of Facility*	Security (if any)	Approved Limit	Outstanding B	alance	Monthly Payments			
JOINT APPLICANT									
Bank	Type of Facility*	Security (if any)	Approved Limit	Outstanding B	alance	Monthly Payments			
	New York	, , , , , , , , , , , , , , , , , , , ,	Process						
* Housing Loan / Personal Loan / Car Loan / Renov	ation Loan								
		COLLATERALS	OFFERED						
SCV Stock Country/ Fixed Deposit Curren	201/	Number of shares	/ Amount	Topur	a (applicable	e to Fixed Deposits only)			
SGX Stock Counter/ Fixed Deposit Currer	icy	Number of strates,	Amount	Teriure	е (арріісаріє	e to Fixed Deposits Offiy)			
UNITED STATES OF A	MERICA FOREI	GN ACCOUNT T	AX COMPLIANO	CE ACT (FATO	A) DECL	LARATION			
Questionnaire on U.S. Indicia									
Do you possess any of the following U.S. inc	dicia? Please select ac	cordingly:							
				Main App	olicant	Joint Applicant			
1 U.S. citizen / tax resident? (U.S. pas	sport / green card hold	ler, U.S. taxpayer, etc)		Yes	No	Yes No			
2. U.S. place of birth?				Yes	No	Yes No			
3. U.S. address (residence / mailing / P	?.O Box)?			Yes	No	Yes No			
4. U.S. telephone number?				Yes	No No	Yes No			
· · · · · · · · · · · · · · · · · · ·					No No				
5. Standing instructions to pay amounts from this account to an account maintained in the U.S.?						Yes No			
NOTE: a) If answer to Q1 is Yes, please complete a b) If any answers from Q2 to Q5 is Yes, plea		de Form W-8BEN							
I/We hereby confirm I/we understand the FA (Please tick one box only)	TCA requirements. I/W	e hereby declare that I	am/we are:						
Main Applicant									
Non-U.S. Individual with no U.S. indicia		Non-U.S. Individual with U.S. Indicia (provide Form W-8BEN)				U.S. Individual (provide Form W-9)			
Joint Applicant									
Non-U.S. Individual with no U.S. indicia		Non-U.S. Individual with U.S. Indicia (provide Form W-8BEN)				U.S. Individual (provide Form W-9)			

If there is any update to the account information / FATCA status, I/we hereby agree to notify and furnish RHB with the relevant documentary evidence within 30 days of such change. I/We consent to and authorize RHB to perform any of the following, if applicable:

- Withhold any applicable payments in the account
 Report or disclose all relevant information relating to or arising from the account
 Terminate (with prior notice) my/our contractual relationship(s) with RHB

NOTE: You may refer to the FAQs on the FATCA requirements that is available at www.rhbbank.com.sg

Voice call SMS/MMS

Joint Applicant:

DECLARATION AND AUTHORISATION

1. I/We am/are not a bankrupt and no statutory demand has been served on me/us.

Voice call SMS/MMS

- 2. I/We confirm that all information contained herein and submitted for documentation are true, correct and complete. I/We have not withheld any information that may affect my/our application in any way.
- 3. I/We agree to:
 - a. Provide additional information and supporting documents from time to time as may be requested by RHB Bank Berhad (RHB);
 - b. Accept the decision of RHB with regard to this application as final. I/We am/are aware that RHB may decline, approve or lower the quantum of the loan applied for and RHB is not under any obligation to me/us to provide any reason for its decision.
 - c. Be liable for all expenses and or charges incurred in relation to this application regardless of whether this application is approved or not.
 - d. RHB, at its own discretion, sending by ordinary mail, any approval letter, cheque(s) issued in disbursement of the loan and all other documents to any of my/our address(es) on RHB's record, at my/our own risk.
- 4. I/We agree to the collection, use and disclosure of the information provided herein and any other information provided to or obtained by the Bank from time to time for the purposes as set out in the Bank's Terms and Conditions Governing Accounts and the respective products.
- 5. I/We authorize RHB or RHB's representative to verify information relating to this application from any source without reference to me/us.
- 6. I/We hereby agree to be bound by the RHB Bank's Standard Terms And Conditions Related To Credit And or Banking Facilities Granted To Individual (a copy of which is available at any of the RHB Bank Branches in Singapore or at the website www.rhbbank.com.sg).

Deposit Insurance Scheme

Main Applicant:

Singapore dollar deposits of non-bank depositors are insured by the Singapore Deposit Insurance Corporation, for up to S\$50,000 in aggregate per depositor per Scheme member by law Foreign currency deposits, dual currency investments, structured deposits and other investment products are not insured

I/We would like to receive from time to time information, updates, special offers and or promotions in relation to products and or services provided by or through RHB Bank Berhad, Singapore (RHB), through: (Please tick accordingly)

Cinnah wa of Main Analisant	Sign here &		Olavant was at	Link Appliance	Sign here &		
Signature of Main Applicant Date :			Signature of Joint Applicant Date :				
	DOC	UMENTS REQUIR	ED				
Photocopy of NRIC (front & back) or passport for all applicant(s) and guarantor(s) Income documents: For salaried employee — latest original computerized pay slip; and latest original Tax Notice latest 6 months' CPF Contribution Statement For self-employed — latest 2 years' Income Tax Notice of Assessment Lastest CDP Statement (if Shares are pledged as collateral)			or	Note: Notices of Assessment can be printed via myTax Portal at www.mytax.iras.gov.sg CPF Contribution Statement can be printed via www.cpf.gov.sg			
		For Bank Use					
	Main A	Main Applicant		Joint Applicant			
Employer Industry Code Occupation Code							
Submitted by / Date	Name of Sales Officer	Name of F		Referral/NRIC			
Product / Credit Facility	Credit Limit (\$'000)	Interest Rate (%)		Review Date	MOA (%)		
Security:							
Comments:		Comments:					
Recommended By:Name / Title / Date		Approved/Ro	ejected By: / Date		Form No. SF002/JUN14/AF1		