



NOUVOBANQ

Seychelles International Mercantile Banking Corporation

Victoria House
State House Avenue
Victoria, Mahé
Seychelles
Telephone: 225011
Telefax: 224670
Telex: 2253 SIMBC

BUSINESS LOAN/OVERDRAFT APPLICATION FORM

Applicant Name and correspondence address:-	
Phone No:-	
Trading Name:-	
Date Established:-	
Date Incorporated:-	
Business Activities:-	
Name of Directors/Proprietors:-	
.....	
Name of Shareholders and percentage held:-	
.....	
Name of Subsidiaries and Associates:-	
.....	
Number of	Employees
	Management
	Clerical
	Engineers
	Others (Please specify)
Trading Premises:-	Rented/Owned:-

Location:-

Company's Bankers:-

Amount of Loan/Overdraft sought:-

Purpose:-

Repayment Terms:-

Special Consideration:- Any reason why sought facilities will advance or enhance your Business Income/Turnover/Profitability:-

Financial Information 1) Balance Sheet attached
 2) Statement of Assets/Liabilities attached
 3) Other (Please specify and attach details)
Delete where not applicable

Facilities provided by other Financial Institutions:-

Amount	Outstanding	Purpose	Security	Repayment Installments

Are there any defaulted Payments: Yes/No.

Any related information you feel will be relevant to this application:-
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Security Offered:-
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If Property: Owner
Location
Market Value
Development on Property
Leasehold/Freehold

Estimated Value:-

Insurance Policies held With: SACOS / H.Savy Insurance / Broker
Type of Insurances held:

Insured Amount:-
Please attached copies of policies.

Is this Security shared with any other Banking Institutions. Yes/No

If Yes. Please specify here:-
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Capital commitment and contingent liabilities approved and contracted for:-

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Contact Person's name and phone numbers address in connection with this application:-

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I hereby certify that the information contained in this application is correct and that it provides a full and complete picture of my/our financial position

You are authorised to obtain any confirmations you may require about details provided from Bankers/ Lenders.

Authorised Signatory/Signatories of applicant.

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