

## CO-OPERATIVE LEASING COMPANY LIMITED

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## CONSUMER FINANCE/HP FACILITY APPLICATION FORM

I/We the undersigned desire to enter into a facility upon terms and conditions of your Consumer Finance /HP Facility. I/We give below the true information required by you to consider our proposal. Please complete this application in full. Insufficient information may cause delay in processing your application. \*Facility Amount Rs. \*Tenor / Repayment Periods 1.0 Company Information Name: Business Registration No: Date of Reg / Incorporation: \*attach copy of business registration certificate Office Address: Rented 
Number of years at present address: Status: Owned Registered Address: (If same as above, write "AS ABOVE") \* attach copy of utility bill. Telephone No Office Contact Person Telephone No Mobile Contact Person E-mail address: Website: Nature of Business: Industry / Segment: 1.1 Capital Structure **Authorized Capital** Rs. Paid up Capital Rs. No of Share Issued Value Per Share Rs. 1.2 Details of the Partners/Directors or the Proprietor Name with Initials Personal Address Ownership/Share % Phone No Designation

1.3 Associate / Subsidiary Companies									
Name of the Business		Address		Nature of Business			Intersst / Ownership %		
Tune of the Business		Address			Nature of Business			intersser ownership 70	
	!								
1.4 Particulars of ba	nk accoun	ts *attach savi	ngs / current a	account ti	ransa	ction reports of	recent	3 months	
Type of Accounts	Type of Accounts Name of Bank			Branch	1		Acco	unt No	
Savings									
Current									
Current									
Fixed Deposit									
1.5 Financial obligat	ions								
Institution	CLCL								
Type of Facility									
Credit Limit/Amount									
Security Offered									
Monthly Installment									
Outstanding Balance									
1.6 Details of fixed &	k moveable	e assets owne	d by the co	mpany					
Asset	Details	s (Deed no/Reg	No etc)	Net	t Valı	ıe	Morts	gages / Charges	
Land & Buildings								56	
Furniture & Fittings									
Equipment/ Machineri	es								
Vehicles									
Other:									
1.7 Company Financ	cial Struct	ure							
1 0									
			Year (.		.)	Year (	)	Year ()	
Sales or Revenue									
Net Profit after tax									
NP Margin %									
Total Debts (Current	t + Non-Cui	rent Liabilities	)						
Total Asset Value									
Names of Auditors:									
*Please annex tax paid	d receipts,	Certificate fro	om Company	y auditor	·s				

Corporate CF

2.0 Details of Assets/Items to be Finance						
Item Description	Price					
1	THE					
2						
3						
4						
5						
6						
7						
8						
9	T. (1)					
	Total Client Contribution					
	CLCL Contribution					
	CZCZ COMMONIUM					
3.0 Supplier / Vendor Details						
3.01 Name of the Supplier of Assets/Items:						
3.02 Address:	T.P:					
4.0 Securities and Collaterals						
Additional Security / Collaterals(If any): Details:						
5.0 Creamantons						
5.0 Guarantors 5.1 Personal Details of Guarantor 01	Personal Details of Guarantor 02					
Title Mr  Mrs  Miss  Ms. Other  Name in Full:	Title Mr Mrs Miss Ms. Other  Name in Full:					
NIC No/Passport No: *Attach a copy of NIC	NIC No/Passport No:					
Date of Birth:	Date of Birth:					
Permanent Address: * attach copy of utility bill.	Permanent Address: * attach copy of utility bill.					
Telephone No Residence Telephone No Mobile	Telephone No Residence Telephone No Mobile					
E-mail address:	E-mail address:					
5.2 Employment Details of Guarantors						
Profession:	Profession:					
Name of Employer:	Name of Employer :					
Business/Office Address:	Business/Office Address :					
Telephone Number.:	Telephone Number. :					
Nature of Business :	Nature of Business :					
Present Position (Designation): How long have been in the above Job?	Present Position (Designation): How long have been in the above Job?					

Corporate CF.

<b>5.3 Financial Details -</b> * Attach pay slips / salary confirmation from employer								
Guarantor 01				Guarantor 02				
Earnings				Earnings				
Employment (N	et Income)			Employment (1	Net Income	e)		
Net Business In				Net Business In		,		
Other Income (S	Other Income (Specify)		Other Income (Specify)					
1)	1 27			1)				
2)				2)				
3)				3)				
Total Earnings				Total Earnings				
Expenses				Expenses				
Household Expe	enses			Household Exp	enses			
Rent / Mortgage				Rent / Mortgag		nts		
Loan / Lease Re				Loan / Lease R			••••••	
Other Expenses				Other Expenses (Specify)			••••••	
1)	(Specify)			1)				
· ·				2)				
2)				,				
Total Expenditu	ire			Total Expendit	ure			
Surplus	D 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>	Surplus				
	<b>Relationship</b>	*attach savings	/ current accour	nt transaction rep	orts of rece	ent 3 months		
Guarantor 01				Guarantor 02				
Type of Accou	ints Bank		Account No	Type of Acco	unts	Bank	Account No	
Savings				Savings				
Current (Perso	nal)			Current (Pers	onal)			
Current (Busin	ness)			Current (Business)				
Fixed Deposit				Fixed Deposit				
•	•	<b>'</b>		•	<u> </u>			
5.5 Financial	I iahilities							
Guarantor 01	Liabilities			Guarantor 02				
Institution				Institution				
					٠,			
Type of Facilit	ty			Type of Facil	ity			
Credit Limit			Credit Limit					
Monthly				Monthly				
Installment				Installment				
Outstanding				Outstanding				
Balance				Balance				
5.6 Assets (Pr	operties / Vel	hicles / Share	s / Life Policie	s) (If Any)				
Guarantor 01	•			<b>Guarantor 02</b>				
Type of Asset				Type of Asser	t			
Deed/ Reg. No				Deed/ Reg. N				
Purchase Value	e			Purchase Val	ue			
Market Value				Market Value	;			
Free Hold/ Mo	ortgage/			Free Hold/ Mortgage/				
Lease Hold			Lease Hold					
	•	•				1		
5.7 Income Tax for the past 03 years ( If Any)								
<b>Guarantor 01</b>				<b>Guarantor 01</b>				
Year	Assessed	Taxable	Tax	Year	Assessed	Taxable	Tax	
	Income	Income			Income	Income		
							<u>                                     </u>	
							1	
*Attach Assessment Notices and Receipts in support			*Attach Assessm	nent Notices	and Receipts in supp	oort		
1 1111011 1 1000001110	1 .ouces and 1	п заррог	· <del>·</del>	1 2000011 1 10000011		a receipts in supp	<b>v</b>	



I/We warrant that the answers give overleaf are in very respect true & accurate and that we have not with-held any information likely to effect the acceptance of this proposal and we agree that this proposal and declaration shall be the basis of the contract between us and that you are entitled to terminate the contract which may be entered in to upon this proposal and call upon us to return the items/equipments and Accessories if at any time you find that there has been any material misstatement or material nondisclosure in this proposal.

I/we authorize Co-Operative Leasing Company Limited to obtain reference on my credit worthiness / standing and details of all credit facilities from the Credit Information Bureau of Sri Lanka (CRIB) / Financial/Lending Institution and / or any other individual.

I/We also do hereby declare that we fully understand the contents of this document which has been read and explained to us in our own language and the nature and scope of this transaction which we acknowledge is in every respect a revolving credit facility contract and not one such as would constitute money lending.

Placed their signatures on the	Day of	Year	
Applicant's Signature			
(Authorized Signature on Rubb	er Stamp where applicable)		
Signature of Guarantor 01	Date	Signature of Guarantor 02	Date

## DOCUMENTS & INFORMATION TO BE FORWARDED ALONG WITH THE APPLICATION

A. Memorandum & Articles of Association.	
B. Copy of Certificate of Business Registration / Incorporation	
C. Copy of latest Forms 1, 18 and 19 filed with the Registrar of Companies.	
D. Board Resolution for the proposed facility.	
E. Audited Financial Statements for the past three years.	
F. Last available draft accounts.	
G. Tax numbers &Turnover Taxpaying – in – slips for the past three quarters.	
H. A letter authorizing Cooperative Leasing Company Limited to obtain reference from your bankers	
I. Debtor's age analysis.	
J. Certificate of Borrowing.	
K. Particulars of bank account of the parties intend to incorporate as acceptors to the proposed facility	
L. Trade References.	
M. Project Report / Feasibility Study (if any)	

## **Check List** (For Office Use Only)

Lessee / Hirer	Deed & Other Documents of Land & Property		
	Ownership		
Completed Application	Receipts of Paid Income Tax		
Invoice	Certificate of Residence / Billing proof		
Valuation Report	Completed Lease / HP agreement		
CR of the Vehicle	General Investigation Report (GIR) with Road Map		
Valid Revenue License			
Tax Receipts of Diesel or Luxury, Semi Luxury			
(since 1995/1996)			
Insurance Card	Guarantors	01	02
Insurance Policy assignment Letter	Photocopy of N.I.C/D.L/ P.P		
3 No's of Passport size Photographs	Certificate of Residence /Billing proof		
Photocopies of N.I.C/D.L/ P.P(Applicant & Spouse)	Bank Statement for the last 3 Months		
Duplicate Key of the Vehicle	Pay slips for the last 1, 2, 3 months		
Duly signed Transfer Papers MTA 06, MTA08,	Deed & Other Documents of Land & Property		
and MTA03.	Ownership		
Bank Statement for the last 3 Months	Receipts of Paid Income Tax		
Pay slips for the last 1, 2, 3 months			

Marketing Officer's Comments			
	• • • • • • • • • • • • • • • • • • • •	•	•••••
	Signature		Date
Authorized Signature for Processing forward	l the Application		
	•••••		•••••
	Signature	D	ate