

CO-OPERATIVE LEASING COMPANY LIMITED

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Hotline: 0117 869 569, Web: www.clcl.lk

APPLICATION FOR LEASING/HIRE PURCHASE FACILITY

I/We the undersigned desire to enter into a facility upon terms and conditions of your Leasing / Hire Purchase facility for the vehicle /machine described in the schedule No. 2.0 to this application form. I/We give below the true information required by you to consider our proposal.

Please complete this application is	n full. Insufficient info	ormation may cause delay in p	process	sing y	our d	applio	cation.	
Leasing Facility H	ire Purchase Facility	Facility Amount Rs.						
1.0 Applicant's Details								
Title Mr \(\Boxed{\cap Mrs} \(\Boxed{\cap Miss} \Boxed{\cap Ms}.	. Other							
Name in Full:								
NIC No/Passport No:		Date of Birth:	4 4	***	777	**	¥7 ¥7 ¥	
-		Date of Bitti.	d d	111	111	У	у у у	
Residential Address:								
Current Residential Status: Owned	□ Rented □ Livi	ng with parents Provided b	w Emn	lover (Other	. п		
Number of years at present address:		ing with parents Trovided to	у Ешр	loyer v	Juici	ш		
Permanent Address: (If same as above		* attach copy of utility bill.						
`	,	1,						
		T						
Telephone No Residence		Telephone No Mobile						
E-mail address (if any):								
Education : Primary								
Single Married Widowed	☐ Divorced ☐	Total Number of Dependents						
Name of Spouse:		Spouse's NIC No						
					Ш	$\perp \perp$		
1.1 Employment Details of App	olicant							
Profession:								
Name of Employer/Business:								
Office/Business Address:								
Telephone Number. :		Contact Person:						
Nature of Business:								
Present Position (Designation):		Previous Employment : (If any	['])					
		Employer / Designation			1	No. of	Years	
How long have been in the above Jo	b?	1)						
107	2)							
1.2 Financial Details - * Attach	pay slips / salary conf							
Earnings Employment (Net Income)		Expenses Household Expenses						
Business Income		Rent / Mortgage Instalments					• • • • • • • • • • • • • • • • • • • •	
Other Income (Specify)		Loan / Lease Repayments			'			
1)		Other Expenses (Specify)						
2)		1)						
3)		2)			_			
(a)Total Earnings		(b)Total Expenditure			_			
		Surplus $(a - b)$						

SOLE LE/HP.

1.3 Financial Relationship							
T C. A	D1	D1.	A NT .				
Type of Accounts Savings	Bank	Branch	Account No				
Current (Personal)							
Current (Business)							
Fixed Deposit							
1.4 Financial Liabilitie	es						
T		1					
Institution Type of Facility							
Type of Facility Credit Limit							
Monthly Installment							
Outstanding Balance							
		I					
1.5 Assets (Properties	/ Vehicles / Shares / Life	Policies)					
			1				
Type of Asset							
Deed/ Reg. No							
Purchase Value							
Market Value							
Free Hold/ Mortgage/ Le	ease Hold						
	,						
2.0 Asset to be finance 2.01 Type of the asset :	Vehicle	Equipment [☐ Machiner	🗖			
2.01 Type of the asset . 2.02 Condition:	Brand New			y 🔲			
2.03 Reg No	Chassis No.	10000000000000	Engine No.	_			
- and Year							
2 04 Prond Model & Man	w' Voor						
2.04 Brand Model & Manu` Year:							
2.04 Present Market Value	e of the Vehicle According to	o the Valuation (Rs)					
2.05 Name of the Valuer:							
2.05 Name of the Valuer:							
2.06 Purpose of the Vehicle/Asset: Hiring ☐ Private ☐ Commercial ☐							
If Hiring or Commercial, give details:							
2.07 Address of Vehicle/Asset will be located:							
2.08 Nearest Post Office & Police Station:							
3.0 Supplier / Vendor Details							
or supplier / circor	2 COMMS						
3.01 Name of the Supp	olier of Vehicle/Asset:						
2.01							
3.01 Address:]	T.P:			
4.0 Securities and Collaterals							
Additional Security / Collaterals (If Any)							

SOLE LE/HP

5.0 Guarantors' Details														
5.1 Personal Details of Guarantor 01					Personal Details of Guarantor 02									
Title Mr Mrs Miss Ms. Other							er							
Name in Full:										Name in Full :				
					- 1									
NIC No/Passport No:										NIC No/Passport No:				
Date of Birth	d	d	r	n	m		у у	у	У	Date of Birth d d m m	уу	У	У	
							, ,		,			,	,	
Permanent Address: * attach co	ору	of 1	utility	y t	oill.					Permanent Address: * attach copy of utility bil	1.			
Telephone No Residence										Telephone No Residence				
Telephone No Mobile				T						Telephone No Mobile				
E-mail address(if any):				<u> </u>						E-mail address(if any):				
										2 mai address(ii aiiy).				
5.3 Employment Details of	G	uar	anto	r	S									
Profession:										Profession:				
N CE 1 (D:										N OF 1 (P)				
Name of Employer / Business:			Name of Employer / Business:											
Office Address :										Office Address :				
Office Address .										Office Address .				
Telephone Number. :										Telephone Number.:				
Nature of Business :						<u> </u>	- 1			Nature of Business :	1 1 1		1	
Thursday of Business (
Present Position (Designation)	:									Present Position (Designation):				
, ,														
How long have been in the above Job?			How long have been in the above Job?											
5.4 Financial Details - * Attach pay slips / salary confirm					rmation from employer									
<u>Earnings</u>										<u>Earnings</u>				
Employment (Net Income)								• • • •	• • •	Employment (Net Income)		• • • •	••	
Business Income									• • •	Business Income		• • • •	••	
Other Income (Specify)							• • • • •			Other Income (Specify)		• • • •	••	
1) 2)							• • • • •			1)		• • • •	••	
$\begin{pmatrix} 2 \\ 3 \end{pmatrix}$						• • •	• • • • •	• • • •	• • •	2) 3)		• • • •	••	
Total Earnings					-				_	Total Earnings				
Expenses									_	Expenses				
Household Expenses										Household Expenses				
Rent / Mortgage Instalments										Rent / Mortgage Instalments				
Loan / Lease Repayments										Loan / Lease Repayments				
Other Expenses (Specify)										Other Expenses (Specify)				
1)										1)				
2)					1_				_	2)				
Total Expenditure					_				_	Total Expenditure				
Surplus									7	Surplus				
										i l				

We warrant that the answers give overleaf and in the attached annexures are in very respect true & accurate and that we have not withheld 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 hiring under any Leasing / Hire Purchasing facility which may be entered in to upon this proposal and call upon us to return the Vehicles/Assets 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 lease / a hire purchase contract and not one such as would constitute money lending.

Placed their signatures on the	Day of	Year	
Signature of	Signature of	Signature of	
Applicant	Guarantor 01	Guarantor 02	

Check List (For O	Office Use Only)		
Lessee / Hirer	Deed & Other Documents of Land & Property		
	Ownership		
Completed Application	Receipts of Paid Income Tax		
Invoice	Completed Lease / HP agreement		
Valuation Report	General Investigation Report (GIR) with Road Map		
CR of the Vehicle	Duly signed Transfer Papers MTA 06, MTA08, and		
	MTA03.		
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 &	Bank Statement for the last 3 Months		
Spouse)			
Certificate of Residence / Billing proof	Pay slips for the last 1, 2, 3 months		
Bank Statement for the last 3 Months	Deed & Other Documents of Land & Property		
	Ownership		
Pay slips for the last 3 months	Receipts of Paid Income Tax		
Duplicate Key of the Vehicle			

Marketing Officer's Comments		
	•••••	•••••
	Signature	Date
Authorized Signature for Processing forw		
		D.
	Signature	Date