

Application for Banking Facilities - Corporate

Date:	
	(dd/mm/yyyy)
Customer No.	

[] New						[] Ren	ewal						[] Amendm	ent
Corporate profile															
Trade name															
Nature of business															
Date of establishment		Legal domicile								Paid	up capital				
Trade license No.										Date	of expiry	(Currency	<u>(An</u>	nount)	
Register of commerce No.											Date of expiry				
Chamber of commerce (Reg.	No.)	Date of expiry													
Legal status:		[] Sole Proprietorship [] Partnership [] LLC [] Free Zone LLC [] Private Joint Stock [] A] Agent					
Mailing address															
Business location															
Contact details	Fa	one: x: mail:													
Sponsor details (if applicable)	_	me: dress:													
Partners/Board of Directors			Сара	acity			Nationalit	у			quity %)	Authori: Signatory?		Personal BOS?	A/C with (Y/N)
					<u> </u>										
														<u> </u>	
Management Members			Capa	acity			Nationalit	у			Pi	rofit Sharing		Authoriz	ed Sig.?
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Additional Authorized Signa	tories		Capa	acitv				Gro	oup com		es			Equit	y (%)
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Staff Composition	≤20	≤50	>50	Month Salaries	nly paid									•	·
Administrative							r (AED Mill]≤20]>20,≤50			[]>100
Technical							a BOS Sha					Yes			Shares
Labour							using the E					[]No	[]Ye		
Total						Are you	banking wi	th En	nirates L	ebaı	non Ba	ank []No	[]Ye	es 	
Auditor															



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Request										
Type of Facility	[]G] Project Fir	nance [] Real Estat	e [] Ca	sh Flow Fina	ancing		
Currency		Valu	е	Natur	e of each fina	ancing (loan	, overdraft,	trust receipt	trade finance, Bi	lls Discount)
These applications are to give	an ove	erview of yo	our requireme	nts and tha	it the bank re	eserve to itse	elf to ask for	further info	rmation/documen	tation.
Purpose of Facilities										
Repayment (Modality and Duration)										
Source and means of repayment (Please attach cash flow statements)										
Securities and guarantees										
offered										
Please list all banks with which	h the co	ompany or	guarantor hol	de account	e (all values	to be report	ed in AFD v	1000):		
Ticase list all bariks with write	ii tiic c	orriparty or	Direct Fa		s (all values		lirect Facilit			
Name of Bank	Туре		Loan	T/R	Other	L/C	L/G	Other	Total Facilities	Cash Balances including F/Ds
	Limit									
Bal. date:	Bal.									
	Limit									
Bal. date:	Bal.									
Bal. date:	Limit Bal.									
bai. date.	Limit									
Bal. date:	Bal.									
	Limit									
Bal. date:	Bal.									
Securities and guarantees										
availed to all other banks										



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Customer No.	

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Financial	anu /	ACKHOW	leac	menu

Please complete the below summary financial statements for the company's accounts (all values in AED x1000):

	Year (1)	Year (2)	Year (3)	Structure in % of (3)	Current Internal (4)	Structure in % of (4)
FIXED ASSETS						
OTHER NON-CURRENT ASSETS						
TOTAL STOCKS						
QUICK ASSETS						
OTHER CURRENT ASSETS						
TOTAL ASSETS						
NET WORTH (Capital + Reserves + Retained Earnings) less (Accumulated losses + Withdrawals by members of Firms etc.)						
MEDIUM & LONG-TERM DEBTS						
CURRENT LIABILITIES						
PROFITS FOR THE YEAR						
1 TURNOVER						
2 SALES AT COST PRICE						
3 GROSS PROFIT						
4 PLUS OTHER INCOME						
5 TOTAL EXPENSES						
a: General & Administrative						
b: Financial expenses						
c: Depreciation & Amortization						
d: Provisions (tantamount to reserves)						
6 NET PROFIT (3 + 4 - 5)						
7 CASH FLOW (c + d+ 6)						
8 DISTRIBUTED PROFITS						

I/we the undersigned certify that the information given is true, correct, and conforms with our records. I/we authorize BANK OF SHARJAH to obtain any information about my/our company from any third party the Bank may deem necessary, including but not limited to the company's auditor and other banks of the company. I/ we understand that no application shall be considered if not duly completed. I/ we acknowledge that the terms set out in this Application do not constitute an offer to finance. I/ we understand that the provision of any banking facility is subject to prior approval by Bank of Sharjah and requires the signature of a proper agreement. I/ we recognize that Bank of Sharjah reserves its right to refuse any application without justification.

I/we									
[] attach herewith our cheque number for AED		or AED 5,000.00 to the ord	r AED 5,000.00 to the order of Bank of Sharjah						
[] irrevocably authorize you to debit my account with AED 5,000.00									
representing the facility proces	representing the facility processing fee, and confirm that the fee is non-refundable whatever the outcome of your decision.								
Authorized Signatories		Comp	oany Stamp						

Please attach copies of the audited financial statements for the last three years, Statement of Income (unless remitted earlier), a copy of the latest Internal Balance Sheet, and the Cash Flow statement (if applicable).