

Trade only Trade + Commercial Property Loan

(A) FACILITY REQUESTED

Facility	Tenor	Existing Limit	Change (+/-)	New Limit
<input type="checkbox"/> Letter of Credit (Sight / Usance*)	_____	_____	_____	_____
<input type="checkbox"/> Overdraft (On demand)	_____	_____	_____	_____
<input type="checkbox"/> FX (Spot / Forward / Option Contract*)	_____	_____	_____	_____

Sub-Limit

Facility	Tenor	Existing Limit	New Limit	Facility	Tenor	Existing Limit	New Limit
<input type="checkbox"/> LLC (Sight / Usance*)	_____	_____	_____	<input type="checkbox"/> EBP (LC/DP/DA*)	_____	_____	_____
<input type="checkbox"/> SGL	N.A.	_____	_____	<input type="checkbox"/> TR (LC/DP/DA*)	_____	_____	_____
<input type="checkbox"/> SGC	N.A.	_____	_____	<input type="checkbox"/> Draft Loan (Import)	_____	_____	_____
<input type="checkbox"/> BG	_____	_____	_____	<input type="checkbox"/> Draft Loan (Export)	_____	_____	_____
<input type="checkbox"/> Preshipment	_____	_____	_____	<input type="checkbox"/> AWB	N.A	_____	_____
<input type="checkbox"/> Others	_____	_____	_____				

 Purpose Own Trade Requirement / Working Capital Others (Please specify: _____)

 Sources of Payment Own Business' Cash Flow Other Business' Cash Flow
 Sales of Assets Others (Please specify: _____)

(B) BUSINESS PARTICULARS

Registered Business Name:	Registration Date: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>							D	D	M	M	Y	Y	Registration No. : _____
D	D	M	M	Y	Y									
Business Address:	Years in Business: _____	GST No.: _____												
Postal Code <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							No. of Partners/Directors: _____	Constitution: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited <input type="checkbox"/> Others : _____						
Mailing Address (if different from above):	No. of Permanent Employees: _____													
Postal Code <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							Principal Activities:							
	Turnover (latest): S\$: _____													
	More than 50% of revenue received from property investment: <input type="checkbox"/> Yes <input type="checkbox"/> No													
	More than 50% of the total assets from immovable property in Singapore: <input type="checkbox"/> Yes <input type="checkbox"/> No													

 Type of Business: Manufacturing Transport, Storage & Comm General Commerce Entertainment & Recreation
 Professional Building and Construction Others (Please specify: _____)

Business Premises: <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Rented, Monthly Rental: S\$ _____	Contact Email Address: _____						
Contact Person & Designation:	Office No.: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
	Mobile No.: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
	Facsimile No.: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						

EXISTING BANKING FACILITIES

No. of Properties Owned: _____		Bank	Credit Limit S\$	Monthly Instalment (S\$) CPF	Cash	Rental Income (S\$)
Address(es) of Properties Owned:	Mortgaged					
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Type of Facility	Security Details/Amount S\$	Bank	Credit Limit S\$	Monthly Instalment (S\$) CPF	Cash	Outstanding Amount (S\$)

* If delete if applicable

(C) PERSONAL PARTICULARS – PRINCIPAL 1 / GUARANTOR 1 * Guarantor Yes No

Name as in NRIC (Dr / Mr / Mrs / Ms / Mdm *):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Race:	Nationality: <input type="checkbox"/> S'pore PR
	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Date of Birth: (DD MM YY)
Office Number:	Mobile Number: Home Number:	NRIC/Passport Number:
Relationship to Main Applicant:	Education Level:	
No. of Dependents:	<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Pre-University <input type="checkbox"/> Degree <input type="checkbox"/> Masters Degree & Above <input type="checkbox"/> No Formal Education <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	
Name of Employer:	Office Address:	Occupation:
<input type="checkbox"/> Self Employed	Postal Code:	Length of Service:
Nature of Business:	Monthly Income: S\$ Other Income/Source: S\$	% Shareholding:
Residential Address:	Length of Stay (years):	Name of Previous Employer: (if less than 3 years with current)
Residence: <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Parents' <input type="checkbox"/> Others _____ <input type="checkbox"/> Rented:\$_____ (Per Month)		Occupation/Length of Service:

EXISTING BANKING FACILITIES

No. of Properties Owned: _____					
Address(es) of Properties Owned:	Mortgaged:	Bank	Credit Limit S\$	Monthly Instalment (S\$) CPF Cash	Rental Income (S\$)
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of Facility	Security Details/Amount S\$	Bank	Credit Limit S\$	Monthly Instalment (S\$) CPF Cash	Outstanding Amount (S\$)

PERSONAL PARTICULARS – PRINCIPAL 2 / GUARANTOR 2 * Guarantor Yes No

Name as in NRIC (Dr / Mr / Mrs / Ms / Mdm *):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Race:	Nationality: <input type="checkbox"/> S'pore PR
	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Date of Birth: (DD MM YY)
Office Number:	Mobile Number: Home Number:	NRIC/Passport Number:
Relationship to Main Applicant:	Education Level:	
No. of Dependents:	<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Pre-University <input type="checkbox"/> Degree <input type="checkbox"/> Masters Degree & Above <input type="checkbox"/> No Formal Education <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	
Name of Employer:	Office Address:	Occupation:
<input type="checkbox"/> Self Employed	Postal Code:	Length of Service:
Nature of Business:	Monthly Income: S\$ Other Income/Source: S\$	% Shareholding:
Residential Address:	Length of Stay (years):	Name of Previous Employer: (if less than 3 years with current)
Residence: <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Parents' <input type="checkbox"/> Others _____ <input type="checkbox"/> Rented:\$_____ (Per Month)		Occupation/Length of Service:

EXISTING BANKING FACILITIES

No. of Properties Owned: _____					
Address(es) of Properties Owned:	Mortgaged	Bank	Credit Limit S\$	Monthly Instalment (S\$) CPF Cash	Rental Income (S\$)
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of Facility	Security Details/Amount S\$	Bank	Credit Limit S\$	Monthly Instalment (S\$) CPF Cash	Outstanding Amount (S\$)

PERSONAL PARTICULARS – PRINCIPAL 3 / GUARANTOR 3 * Guarantor Yes No

Name as in NRIC (Dr / Mr / Mrs / Ms / Mdm *):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Race:	Nationality: <input type="checkbox"/> S'pore PR
	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Date of Birth: (DD MM YY)
Office Number:	Mobile Number: Home Number:	NRIC/Passport Number:
Relationship to Main Applicant:	Education Level: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Pre-University <input type="checkbox"/> Degree	
No. of Dependents:	<input type="checkbox"/> Masters Degree & Above <input type="checkbox"/> No Formal Education <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	
Name of Employer: <input type="checkbox"/> Self Employed	Office Address: Postal Code:	Occupation: Length of Service:
Nature of Business:	Monthly Income: S\$ Other Income/Source: S\$	% Shareholding:
Residential Address:	Length of Stay (years):	Name of Previous Employer: (if less than 3 years with current)
Residence: <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Parents' <input type="checkbox"/> Others _____ <input type="checkbox"/> Rented:\$_____ (Per Month)		Occupation/Length of Service:

EXISTING BANKING FACILITIES

No. of Properties Owned: _____					
Address(es) of Properties Owned:	Mortgaged:	Bank	Credit Limit S\$	Monthly Instalment (S\$) CPF Cash	Rental Income (S\$)
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of Facility	Security Details/Amount S\$	Bank	Credit Limit S\$	Monthly Instalment (S\$) CPF Cash	Outstanding Amount (S\$)

PERSONAL PARTICULARS – PRINCIPAL 4 / GUARANTOR 4 * Guarantor Yes No

Name as in NRIC (Dr / Mr / Mrs / Ms / Mdm *):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Race:	Nationality: <input type="checkbox"/> S'pore PR
	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Date of Birth: (DD MM YY)
Office Number:	Mobile Number: Home Number:	NRIC/Passport Number:
Relationship to Main Applicant:	Education Level: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Pre-University <input type="checkbox"/> Degree	
No. of Dependents:	<input type="checkbox"/> Masters Degree & Above <input type="checkbox"/> No Formal Education <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	
Name of Employer: <input type="checkbox"/> Self Employed	Office Address: Postal Code:	Occupation: Length of Service:
Nature of Business:	Monthly Income: S\$ Other Income/Source: S\$	% Shareholding:
Residential Address:	Length of Stay (years):	Name of Previous Employer: (if less than 3 years with current)
Residence: <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Parents' <input type="checkbox"/> Others _____ <input type="checkbox"/> Rented:\$_____ (Per Month)		Occupation/Length of Service:

EXISTING BANKING FACILITIES

No. of Properties Owned: _____					
Address(es) of Properties Owned:	Mortgaged	Bank	Credit Limit S\$	Monthly Instalment (S\$) CPF Cash	Rental Income (S\$)
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of Facility	Security Details/Amount S\$	Bank	Credit Limit S\$	Monthly Instalment (S\$) CPF Cash	Outstanding Amount (S\$)

(D) TRADE DETAILS

List of Regular Customers	Country	% of Sales/Terms	Please tick if applicable for Draft Loan (Export)
1) _____			<input type="checkbox"/>
2) _____			<input type="checkbox"/>
3) _____			<input type="checkbox"/>
4) _____			<input type="checkbox"/>
5) _____			<input type="checkbox"/>

List of Regular Suppliers	Country	% of Purchase/Terms	Please tick if applicable for Draft Loan (Import)/Local LC
1) _____			<input type="checkbox"/>
2) _____			<input type="checkbox"/>
3) _____			<input type="checkbox"/>
4) _____			<input type="checkbox"/>
5) _____			<input type="checkbox"/>

(E) COLLATERAL TO BE PROVIDED

* Please indicate Existing (E) or New (N) for the collateral provided.

<input type="checkbox"/> Singapore Dollars Fixed Deposit (Amount): _____ Deposit Registered Owner: _____	<input type="checkbox"/> ACU Deposit (Currency and Amount): _____ Deposit Registered Owner: _____
<input type="checkbox"/> Structured Deposit (Currency and Amount): _____; Tenor _____ Deposit Registered Owner: _____	
<input type="checkbox"/> Banker's Guarantee Amount: _____ Financial Institution: _____	<input type="checkbox"/> Standby Letter of Credit (Currency and Amount): _____ Financial Institution: _____
<input type="checkbox"/> Corporate Guarantee: Name: _____; Reg. No.: _____	<input type="checkbox"/> Personal Guarantee
<input type="checkbox"/> Property (Purchase Price / Estimated Value*) _____	<input type="checkbox"/> Others: _____

Address of Property: _____

TYPE OF PROPERTY

<input type="checkbox"/> Residential:	<input type="checkbox"/> Bungalow	<input type="checkbox"/> Semi-Detached	<input type="checkbox"/> Terrace	<input type="checkbox"/> Condominium	<input type="checkbox"/> HUDC (Phase: _____)
	<input type="checkbox"/> Apartment	<input type="checkbox"/> Maisonette	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Walk-up Apartment	<input type="checkbox"/> Others (Phase: _____)
<input type="checkbox"/> Commercial:	<input type="checkbox"/> Shop Unit	<input type="checkbox"/> HDB Shop	<input type="checkbox"/> Shophouse	<input type="checkbox"/> Office Unit	<input type="checkbox"/> Others (Phase: _____)
<input type="checkbox"/> Industrial:	<input type="checkbox"/> Landed Factory	<input type="checkbox"/> Flatted Factory	<input type="checkbox"/> Warehouse		

Built in Area _____ Sq metre / ft* Title: Freehold Age of Property: _____ Property: Completed
Land Area _____ Sq metre / ft* Leasehold: _____ Years Commenced Since: _____ Under construction
No. of Storey: _____ Expected TOP Date: _____

Sources of Payment Owner Occupation Owner Occupation (Sublet) Investment
Monthly Rental Income (Existing / Expected*) Monthly Rental Income (Existing / Expected*)
S\$ _____ S\$ _____

Mortgagor Name (s)	NRIC/BRN	% Owned^
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

^ for Tenancy in common only

For Individual Ownership, please indicate Jointed Tenancy Tenancy in Common Sole Owner CPF Utilization To Date: S\$ _____

MY / OUR FINANCING REQUIREMENTS (FOR COMMERCIAL PROPERTY LOAN APPLICATION)

Purchase	Refinance
Nett Purchase Price S\$ _____ Less Own Cash Resource (Less: cash to be used for stamp & legal fee S\$ _____) S\$ _____ Financing Requirements S\$ _____	Current Bank / Financier: _____ Existing Credit Facilities: Outstanding Term Loan: S\$ _____ Undisbursed Loan Amount (if any): S\$ _____ Overdraft: S\$ _____ Total Loan Outstanding: S\$ _____ Total CPF Utilised (Including Accrued Interest): S\$ _____ Stamp Fee Earmarked from CPF: S\$ _____ Financing Requirements: Term Loan 1 S\$ _____ for _____ years Term Loan 2 S\$ _____ for _____ years Term Loan 3 S\$ _____ for _____ years Overdraft S\$ _____ Others S\$ _____ Monthly CPF to be used for Loan repayment S\$ _____
Loan to be structured as follows: Term Loan 1 S\$ _____ for _____ years Term Loan 2 S\$ _____ for _____ years Term Loan 3 S\$ _____ for _____ years Overdraft S\$ _____ Others S\$ _____	
Final Payment (8%) to be earmarked from: <input type="checkbox"/> Term loan <input type="checkbox"/> Overdraft (For Direct Purchases from HDB)	

CPL Shield Finance

Name of first life to be assured: _____ <input type="checkbox"/> Single life <input type="checkbox"/> Multiple lives	Sum Assured (% loan amount)	Assured Period (yrs)
Name of first life to be assured: _____ <input type="checkbox"/> Single life <input type="checkbox"/> Multiple lives	Sum Assured (% loan amount)	Assured Period (yrs)

(F) MY / OUR SOLICITOR

Law Firm _____	Contact Person _____
Address _____	Postal Code _____

(G) Referred to OCBC Bank by (If applicable):

Agency Name: _____	Agent Name: _____	Other Sources: _____
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DECLARATION

- I / We and severally:
- Confirm that all information provided or which may subsequently be provided to the Bank by me / us is / will be true, accurate and complete at all times and I / we have not withheld any material information. I / We undertake to notify the Bank immediately of any change in such information.
 - Agree to disclose true copies of any financial statements and other documents as may be required by the Bank, which documents shall thereby become and remain the Bank's property regardless of the outcome of my / our application.
 - Authorize the Bank to conduct credit checks and verify information given in this application with any person / authority without prior reference to the Firm / Company and / or to me / us.
 - Expressly and irrevocably permit and authorize the Bank and the Bank's officers to disclose, reveal and divulge any and all information and particulars relating to and in connection with the Firm / Company and / or the Firm / Company's accounts with the Bank at any time to any party as the Bank may deem fit, including but not limited to the Credit Bureau or the relevant insurers who require such information or documents to access, effect or process the CPL shield (or anything in connection therewith) . Without prejudice to the foregoing, where withdrawal of CPF funds is involved, I / we hereby authorize you to disclose to the CPF Board any information as may be required regarding this application.
 - Undertake to pay all fees, expenses and charges in connection with this application and agree that such fees, expenses and charges are not refundable whether or not the application herein is approved.
 - Declare that (i) I / we / are not bankrupt and no Statutory Demand has been served on me / us or the Firm / company and (ii) I / we / the Firm / Company is / are not insolvent and no dissolution or other proceedings of similar effect have been served on the Firm.
 - Acknowledge that the Bank has the absolute right to reject or approve the Firm's / Company's application without assigning any reason therefore.
 - Confirm that the buyers and suppliers applicable for draft loan (import / export) & / or Local LC listed under Trade Details are not related to the company.
 - Acknowledge and confirm that the Commercial & Industrial Property Loan Addendum Form (if any) completed and signed by each of the principal / Guarantors states in such addendum shall form part of and be incorporated into this application.

SOLE PROPRIETOR / PARTNERS* / DIRECTOR / GUARANTOR / OF THE FIRM TO SIGN

Principal / Guarantor 1*: _____	Principal / Guarantor 2*: _____	Principal / Guarantor 3*: _____	Principal / Guarantor 4*: _____
Name :	Name :	Name :	Name :
Date:	Date:	Date:	Date:

FOR BANK USE

Valuation S\$ _____	Expected Monthly Rental Income S\$ _____	Valuer / Firm _____	Date Valued _____
Total CPL Shield Premium 1: S\$ _____	Total CPL Shield Premium 2: S\$ _____	CPL Shield Finance Amount: S\$ _____	CPL Shield Finance Tenor:(yrs) _____

* please delete if applicable

Please fill in this section if you are requesting for Trade Exceptions.

Trade exceptions requested:

- 3rd Country Shipment
- Insurance covered by ultimate Buyer (usually 3rd party shipment)
- Bank does not have title (ie not to order of OCBC Bank) or Bank has no control of goods (ie full set of documents)
- Consignee of BL "to order"
- Forwarder Cargo Receipt or Charter Party Bill of Lading or Rail transport document or Delivery order (for local delivery) is allowed.
- AWB consigned to 3rd party/applicant ((usually for 3rd party shipment or for perishables)
- Delivery order made out to order of applicant (For local LC only)
- Documents called for (in LC) to be issued by applicant

Please complete the following questionnaires and indicate the reason(s) / justifications for request (s):

1. Is there any 3rd country shipment? E.g. shipment from country X to country Z, without coming to Singapore

- Yes No

If yes, from _____ (country) to _____ (country).

2. If yes, who covers the insurance?

- Seller Ultimate Buyer

3. If it is Ultimate Buyer, what is the country of shipment and the name of the insurance company?

4. What is the transport mode for the purchase of goods?

- Sea Air Local Delivery

5. What type of transport document is required?

Is there any requirement for Forwarder Cargo Receipt, Charter Party Bill of Lading, Delivery order? [Note : these documents are not deemed as transport documents to OCBC.]

6. Does Bank has title or has control of goods? If not, why?

7. Is there any circumstance there would be requirement for Bill of Lading to be made out to order or full set of bill of lading or Airway Bill not channelled to Bank?

- Yes No

If yes, when and why? _____

8. Other exception: Is there any other trade exception?

BDM /AM Name: _____ Signature: _____ Date: _____