



Are you an existing customer of Maybank? Yes No

1. Business Particulars					
Name					
Business Address					
Constitution	<input type="checkbox"/> Sole-Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> Private Limited Company	
Nature of Business	<input type="checkbox"/> Construction related	<input type="checkbox"/> Education	<input type="checkbox"/> Engineering & related services	<input type="checkbox"/> Tourism related	
	<input type="checkbox"/> IT & related services	<input type="checkbox"/> Logistic/ Transportation	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Professional services	
	<input type="checkbox"/> Retail	<input type="checkbox"/> Shipbuilding & related	<input type="checkbox"/> Trading/ Wholesale/ Distribution	<input type="checkbox"/> Others, pls specify ()	
Products & Services					
Years in Business	Full Time Staff Strength		Business Premise	<input type="checkbox"/> Owned <input type="checkbox"/> Rental at S\$_____/ mth	
Contact Person	Designation		Email address		
Office Tel	Mobile No		Fax		

2. Key Management (Please complete Personal Network statement as attached under Annex I)						
Name	Designation	Shareholding (%)	Age	Years of Experience	Education Level	Annual Income

3. Related Businesses					
Name	Related Party	Designation	Shareholding (%)	Nature of Business	Networth of Business

4. Business Operations			
Major Buyers' Name	% of Total Sales	Payment Terms (COD/ Credit Terms __ days/ LC/ Progressive/ Others)	Country
Major Sellers' Name	% of Total Purchases	Payment Terms(COD/ Credit Terms __ days/ LC/ Progressive/ Others)	Country
Major Competitors' Name	Business Strength		Country

5. Business Plans/ Projects/ Contracts (Please provides details including existing projects/ contracts on hand)

6. Banking Facility(s) With All Other Banks					
Bank	Facility	Limit (S\$)	Outstanding (S\$)	Monthly Payment (S\$)	Security

7. Facilities Request				
	<u>Facility *</u>	<u>Loan Amount/ Credit Limit</u>	<u>Financing Period/ Interest Period</u>	<u>Remarks</u>
Working Capital Financing	<input type="checkbox"/> CreditBiz (pls complete 7.1 below) <input type="checkbox"/> Overdraft	S\$ S\$	- -	Revolving business credit line of up to \$200,000
Asset Financing	<input type="checkbox"/> Commercial & Industrial Property Financing <input type="checkbox"/> Equipment Financing	S\$ S\$	() years () years	
LEFS	<input type="checkbox"/> Micro Loan <input type="checkbox"/> Factory Loan <input type="checkbox"/> Machinery Hire Purchase/ Term Loan	S\$ S\$ S\$	() years () years () years	
Others	<input type="checkbox"/> Revolving Credit Facility () Single Currency (Please select one currency only below) <input type="checkbox"/> SGD <input type="checkbox"/> USD <input type="checkbox"/> JPY <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> CHF <input type="checkbox"/> AUD <input type="checkbox"/> NZD () Multiple Currencies <input type="checkbox"/> Bankers' Guarantee <input type="checkbox"/> Business Credit Cards (pls complete 7.2 below & Annex III) <input type="checkbox"/> Others _____	S\$ S\$	() months	
* Optional interest bearing current account is available. Terms & Conditions apply.				
7.1 CreditBiz	<u>Temporary Limit</u> Does your business have cyclical or seasonal funding needs? <input type="checkbox"/> Yes. <input type="checkbox"/> No. If yes, you may apply for Temporary Limit for up to 50% of main credit line for up to 3 months and the amount will be incorporated in Letter of Guarantee for execution. Temporary Limit S\$ _____	<u>Free Insurance</u> (on death and total & permanent disability) You may nominate the sole-proprietor, managing partner or managing director for above coverage. The key person nominated needs to be a guarantor, aged below 63 and may be required to go for medical examination. <input type="checkbox"/> Yes <input type="checkbox"/> No Name _____ NRIC _____ Date of Birth _____	<u>ATM Card Application</u> You may apply for ATM card if your signing mandate for current account is single or either-to-sign. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, pls indicate authorized user name(s). _____ _____	
7.2 Business Credit Card	<u>Credit Cards Liability Options</u> <input type="checkbox"/> Yes, I/ we would like to apply for a Business Credit Card Account and a free personal Visa Platinum Credit card * *Waived upon approval of Business Gold Credit Card and as long as cardmember holds a Business Gold Credit Card. [Pls also complete Annex III for cardmembers details]	<input type="checkbox"/> Corporate Liability [Firm/ Company/ Limited Liability Partnership is liable for all liabilities incurred in respect of the Card(s)]. <input type="checkbox"/> Joint & Several Liability [Firm/ Company/ Limited Liability Partnership and the cardmembers are jointly & severally liable for all liabilities incurred in respect of the Card(s)]. <u>Only applicable to Maybank Company Current Account with 'single' or 'either to sign' mandate</u> <input type="checkbox"/> Yes, I/ we would like to link the Business Card Account(s) to my Maybank Company Current Account. The maximum daily transfer is \$3,000.	<u>Additional Requests</u> <input type="checkbox"/> Yes, I/ we would like to request for a Business Card PIN to be issued to the Cardmember stated in this form. The PIN issued can be used for Cash withdrawal at ATM machines. <input type="checkbox"/> Yes, I/ we would like to apply for SDOL. I/We understand that there is a fee of \$2 per card per month, which will be charged/debited to my Business Card immediately upon processing. SDOL - MasterCard Smart Data Online is an online reporting tool that can help you generate detailed reports and integrate transaction data into your existing accounting systems. <input type="checkbox"/> Yes, I/ we would like to apply for Golden Numbers. I/We understand that a one-time processing fee of S\$50 will be charged to the company account immediately upon processing and it is subjected to availability. Gold Numbers are the preferred set of 4-digit number placed as your 3rd set of numbers on your credit card. (E.g. XXXX XXXX 8888 XXXX) Company / Limited Liability Partnership Name to appear on the Card (19 Characters only) _____	
		<u>Billing Details</u> Name & Designation of Recipient for Monthly Reports : _____		

8 Security (Please note that joint & several personal guarantee is required from all directors and partners)	
Security Details <input type="checkbox"/> Property <input type="checkbox"/> Additional Guarantor(s) <input type="checkbox"/> Additional Guarantor(s) <input type="checkbox"/> Charge over account receivables <input type="checkbox"/> Debenture over company's assets <input type="checkbox"/> Machinery and Equipment <input type="checkbox"/> Others, _____	(Please complete Annex II) Name _____ Relationship _____ (Please complete Annex I) Name _____ Relationship _____ (Please complete Annex I)

Deposits as Collateral i.e Time Deposit/ Structured Deposit						
Loan Amount/ Credit Limit	Deposit Type	Deposit Name	Currency	Principal Amount	Deposit Account No.	Ownership & Relationship
S\$ _____	_____	_____	_____	_____	_____	_____
S\$ _____	_____	_____	_____	_____	_____	_____
S\$ _____	_____	_____	_____	_____	_____	_____
S\$ _____	_____	_____	_____	_____	_____	_____

Other Marketable Securities as Collateral i.e Unit Trust/ Structured Notes/ Bonds/ Insurance/ Shares etc						
Loan Amount/ Credit Limit	Security Type	Security Name	Currency	No. of Units	Price Per Unit/ Date	Ownership & Relationship
S\$ _____	_____	_____	_____	_____	_____	_____
S\$ _____	_____	_____	_____	_____	_____	_____
S\$ _____	_____	_____	_____	_____	_____	_____
S\$ _____	_____	_____	_____	_____	_____	_____

9. Have any of the following events occurred in the past 12 months?

-	Death of key person(s) driving the business	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-	Resignation of key person(s) driving the business	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-	Withdrawal of key shareholder(s)/ Joint venture partner(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-	Other key adverse events, pls specify (_____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. How Did You Find Out About Our Loans?

<input type="checkbox"/> Branch	<input type="checkbox"/> Newspaper	<input type="checkbox"/> TV	<input type="checkbox"/> Internet	<input type="checkbox"/> Direct mailer/ Flyer	<input type="checkbox"/> Magazines/ Newsletter
<input type="checkbox"/> Agent	<input type="checkbox"/> Member-Get-Member	<input type="checkbox"/> Friends	<input type="checkbox"/> Showflat / Roadshow	<input type="checkbox"/> Telemarketing	<input type="checkbox"/> Others _____

11. Declaration (by the Applicant)

By submitting this application, I / We hereby:

- Represent and warrant that:
 - I/We am/are not in default in the payment of or performance of any of my/our obligations for monies borrowed by me/us from any lender
 - No statutory demand has been served nor any bankruptcy or winding up or legal proceedings commenced against me/us to my/our knowledge
 - All information stated in this application is true, complete and correct in all respects
 - I/We have not been declared bankrupt.
- Authorise you or your agent to:
 - Conduct credit checks on me/us
 - Obtain and verify any information about me/us as you may in your absolute discretion deem fit and I/we authorise all sources to which you may apply to provide any information which you may require in connection with this application
 - Disclose any information and/or data relating to myself/ ourselves and my/ our account(s) and/ or credit cards (if any) with you, or any other information as you may deem necessary to:
 - To any of your head office, representative and branch offices and to any of your related company or associated company, in any jurisdiction;
 - To any government or regulatory agency or authority
 - To any of your potential assignee or transferee or to any person who has or may enter into contractual relations with you in relation to this loan application
 - To any credit bureau (including without limitation Credit Bureau (Singapore) Pte Ltd) as well as the members of such credit bureau
 - To any other third parties, service providers, agents or business partners (including, without limitation, credit reference or evaluation agencies) wherever situated for any purpose whatsoever.
- Acknowledge that Maybank may decline my/our application without providing any reason and agree to be liable to bear all costs, fees and expenses in connection with this application, whether or not this application is approved.
- Understand that, in the case of CreditBiz facility, the Maybank ATM card is available only for accounts with "single" or "either-to-sign" mandate.
- Confirm that, in the case of CreditBiz facility, the key person nominated for free insurance is or will be a guarantor for the said facility, an owner, partner, director, shareholder or persons with substantial business interest in the firm or company and that the key person is agreeable to be a guarantor at all time is in good health and has not been hospitalised or suffered from any physical defects, injuries or impairments in the last 6 months. We also understand that pre-existing conditions, suicide, unlawful acts, attempted violation of the law, war activities, racing, professional sports and private flying activities are not covered under this Insurance.
- Confirm that none of our substantial shareholders*, directors, managers, agents or guarantors is an employee/ director (or spouse, dependent of the spouse, child, spouse of the child, parent, sibling or spouse of the sibling of the employee/director) of Malayan Banking Berhad or Malayan Banking Group. Confirm that none of my/ our guarantor(s) is an employee/ director or spouse, dependent of the spouse, child, spouse of the child, parent, sibling or spouse of the sibling of the employee/ director of Malayan Banking Berhad or Malayan Banking Group.
- Confirm that I am/ we are the sole Beneficial Owner(s) of the loan account(s). Beneficial Owner includes (i) in the case of a natural person, one who ultimately owns or controls the account (ii) the person on whose behalf a transaction is being conducted, or (iii) the person who exercises ultimate effective control in the case of corporate or unincorporate bodies. I/ We further acknowledge that in the event I am not the Beneficial Owner of the loan account, the bank will be informed immediately.
- In the case of my/our application for Business Credit Card, (in addition to the Cardmember Declarations)
 - Request you to open a Business Card Account in the name of the Sole Proprietorship/Partnership/Company/Limited Liability Partnership ("Card Account") and issue the relevant Business Card(s) (the "Business Cards") to each of the relevant cardmember(s) as we may request from time to time and as may be approved by Maybank.
 - Authorise the cardmember stated in this form to operate all the financial transactions/services available from time to time in relation to the Business Cards.
 - Confirm that I/we have read, understood and agreed to be bound by the Maybank Business Card Terms and Conditions.
 - Unconditionally and irrevocably consent to the use by Maybank, free of all charges and fees, of our Firm's/Company's/Limited Liability Partnership's name and/or logo and/or mark on such Business Cards issued by Maybank pursuant to my/our application and on any promotional materials or other documents in relation to such Business Cards.
 - For Corporate Liability only) agree, on behalf of the Firm/Company/Limited Liability Partnership, that the Firm/Company/Limited Liability Partnership is fully liable to Maybank for all liabilities incurred in respect of the Business Card(s) issued upon my/our request to such person(s) named in the relevant application as authorised cardmember(s).
 - (For Joint and Several Liability only) agree, on behalf of the Firm/Company/Limited Liability Partnership, that the Firm/Company/Limited Liability Partnership and the cardmembers are jointly and severally liable to Maybank for all liabilities incurred in respect of the Business Card(s).
 - (if applicable) confirm and agree that the Card Account may only be linked to my/our current account maintained with Maybank with 'single' or 'either to sign' mandate.

*Substantial shareholder means a shareholder having an interest in 5% or more shares in the company.

Signed for & on behalf of the Sole Proprietorship/Partnership/Company/Limited Liability Partnership

Name: _____ Company Stamp _____ Date _____

Designation: Managing Director/ Partner / Sole Proprietor

12. Declarations by Sole-Proprietor/ Partners/ Guarantor(s)/ Director(s)

By submitting this application, I hereby :

- Represent and warrant that all information about me (if any) stated in this application is true, complete and correct in all respects.
- Authorise you to verify the information about me (if any) in the application, to request and/or receive any other information about me, and to exchange and/or provide any information about me, including (without limitation) submitting information to and requesting reports from any consumer credit bureau or reference agency at any time. I understand that information provided to a consumer credit bureau or reference agency will be available to other organisations for their credit decisioning (which expression includes (without limitation) any decisioning as to whether or not to grant, continue, or revise the terms of, any credit facilities to me or any person for whom I stand as surety or guarantor).
- Confirm that none of my/ our spouse(s), dependent(s) of my/our spouse(s), my/our children, spouses of my/our children, my/our parents, my/our siblings and/or spouses of my/our siblings are employees/ directors of Malayan Banking Berhad or Malayan Banking Group. Confirm that none of my/ our guarantor(s) is an employee/ director or spouse, dependent of the spouse, child, spouse of the child, parent, sibling or spouse of the sibling of the employee/director of Malayan Banking Berhad or Malayan Banking Group.
- Confirm that, in the case of CreditBiz facility, the key person nominated for free insurance is or will be a guarantor for the said facility, is in good health and has not been hospitalised or suffered from any physical defects, injuries or impairments in the last 6 months. We also understand that pre-existing conditions, suicide, unlawful acts, attempted violation of the law, war activities, racing, professional sports and private flying activities are not covered under this Insurance.

I also understand that a consumer credit bureau or reference agency, in providing information to other organisations, may disclose the fact that you have requested report(s) about me from such bureau or agency.

.....
Name/ Date
NRIC No.

.....
Name/ Date
NRIC No.

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Name/ Date
NRIC No.

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Name/ Date
NRIC No.

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Name/ Date
NRIC No.

.....
Name/ Date
NRIC No.

13. Declaration (by Business Cardmembers)

By signing below, I ask that a Business Credit Card Account (the Card Account) to be opened for me and a Business Credit Card (the Card) issued to me for so long as the Card Account is not closed or terminated. I agree to be bound by the Maybank Business Card Terms and Conditions, a copy of which will be sent with the Cards upon approval.

I authorise you to obtain from any person and verify any information about me and/or the Sole Proprietorship /Partnership/Company/Limited Liability Partnership as you deem fit and I consent to your disclosure to any third party, including without limitation any credit bureau, at your sole discretion, any information relating to me or to the Card Account to be opened pursuant to this application. I request that the Card be sent to the Sole Proprietorship/Partnership/Company /Limited Liability Partnership's address at my risk by mail.

I represent and warrant that the information given by me in this application and any enclosed document is true and accurate. I acknowledge that in considering my application, you will rely on such information. I confirm that at the time of this application, I am not undischarged bankrupt and there has been no statutory demand served on me nor legal proceedings commenced against me.

For (Credit Card) Joint and Several Liability only:

I agree that I am jointly and severally liable with the applicant to the Bank for all liabilities, which may be incurred in respect of the Card.

I agree that the provision of this application form by me does not automatically mean that Maybank will accept its contents and is bound to issue a Card to me.

I further agree that Maybank reserves the right to reject this application without assigning any reason whatsoever to me and/or any other person.

Cardmember One's Signature

Date

Cardmember Two's Signature

Date

14. Documentary Requirements

SPRING application form (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Last 2 years' financial statements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Last 3 months' bank statements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Latest 6 months' property loan statement for refinancing of property loan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Tenancy Agreement (If property is used for investment purposes)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Latest Notices of Assessment* of directors/ partners/ sole-proprietor/ guarantor(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* You can now print your Notices of Assessment at myTax Portal with your SingPass or IRAS PIN. The service is free. Log on to https://mytax.iras.gov.sg for more details		
Copy of NRIC (front & back) of directors/ partners/ sole-proprietor/ guarantor(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of all other banks' offer letter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sale & Purchase Agreement or Option for Purchase for properties	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property valuation report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of latest contract or project awarded/ sales orders (major buyers)/ Letter of Award etc	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Quotation on machinery or equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business projections i.e. sales and profit forecast	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Others, pls specify ()	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PERSONAL NETWORTH STATEMENT

Name -			
Assets	(\$)	Liabilities	(\$)
Cash		Real Estate Mortgage loan	
Real Estate		Loan outstanding with bank(s)/ finance company(s)	
Automobile(s)		Loan due to others, pls specify ()	
Stock(s) & bond(s) & unit trusts		Taxes payable	
Cash surrender value of life insurance policy(s)		Others, pls specify ()	
Others, pls specify ()		Others, pls specify ()	
Total Assets (1)		Total Liabilities (2)	
Net Worth (1) – (2)			

Name -			
Assets	(\$)	Liabilities	(\$)
Cash		Real Estate Mortgage loan	
Real Estate		Loan outstanding with bank(s)/ finance company(s)	
Automobile(s)		Loan due to others, pls specify ()	
Stock(s) & bond(s) & unit trusts		Taxes payable	
Cash surrender value of life insurance policy(s)		Others, pls specify ()	
Others, pls specify ()		Others, pls specify ()	
Total Assets (1)		Total Liabilities (2)	
Net Worth (1) – (2)			

COMMERCIAL & INDUSTRIAL PROPERTY FINANCING DETAILS

1. Property Details	
Address	
Usage	<input type="checkbox"/> Owner Occupied <input type="checkbox"/> For Investment. Existing tenancy with monthly rent S\$ () for () years from ()
Type	<input type="checkbox"/> Retail <input type="checkbox"/> Office <input type="checkbox"/> Industrial <input type="checkbox"/> Others, please specify ()
Land	<input type="checkbox"/> JTC <input type="checkbox"/> HDB <input type="checkbox"/> Private <input type="checkbox"/> Others, please specify ()
Tenure	<input type="checkbox"/> Freehold <input type="checkbox"/> Leasehold () years from () subject to ()
Built-in Area	
Land Area	
Status of property	<input type="checkbox"/> Completed <input type="checkbox"/> Uncompleted. Current stage of completion is []%
Year of Completion (TOP/ CSC)	
Market Value & Valuer	
2. Property Financing Requirements	
Purpose	<input type="checkbox"/> Refinancing <input type="checkbox"/> New Purchase. Estimated rental savings from current premises S\$ ()
Repayment	<input type="checkbox"/> > 75% from business income <input type="checkbox"/> > 75% from rental income <input type="checkbox"/> Others, please specify ()
Loan Amount	S\$ ()
Loan Tenure	() years
Purchase Price/ Outstanding Property Loan	S\$ ()
Other Details (if any)	
- Cash rebate	S\$ ()
- Discount	S\$ ()
- Legal Fee subsidy	S\$ ()
- Stamp fee subsidy	S\$ ()
- Renovation grants	S\$ ()
- Vouchers	S\$ ()
- Deferred Payment	S\$ ()
- Others, pls indicate ()	S\$ ()

BUSINESS CREDIT CARD CARDMEMBER'S DETAILS

Please fill in the "Additional Cardmember Application Form" if there are more than two cardholders.

Cardmember's Particulars																								
For all Cardmembers – please also enclose the latest copy of the applicant's NRIC/employment pass and any of these: Income Tax Assessment, CPF Statement (6 months) or Computerised Payslip																								
Cardmember One Name as in NRIC/Passport (Mr/Ms/Mdm/Mrs/Dr):				Name to appear on the card (19 characters only)																				
_____				<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																				
NRIC/PR no./ Passport no.	Date of Birth	Gender M / F		Highest Education	Ethnic Group	Marital Status																		
_____	_____	_____		_____	_____	_____																		
Nationality	Designation	No. of Dependants		No. of years in service with the Co. :	Annual Salary: _____	Card Limit _____																		
_____	_____	_____		_____	_____	_____																		
Residential Type :	Residential Ownership :			Residential Address: _____																				
_____	_____			_____ Postal Code _____																				
Home Telephone	Mobile Telephone	Office Extension		Email Address : _____																				
_____	_____	_____		_____																				
Mother's Maiden Name (for emergency purposes)				If you are not already a Enrich Frequent Flyer member, call Malaysia Airlines at (65) 64330260 for Enrich Programme Application form. The annual fee of S\$20 to enrol into Maybank Frequent Flyer Programme is waived .																				
_____				Enrich Frequent Flyer Membership No. MH _____																				
Cardmember Two Name as in NRIC/Passport (Mr/Ms/Mdm/Mrs/Dr):				Name to appear on the card (19 characters only)																				
_____				<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																				
NRIC/PR no./ Passport no.	Date of Birth	Gender M / F		Highest Education	Ethnic Group	Marital Status																		
_____	_____	_____		_____	_____	_____																		
Nationality	Designation	No. of Dependants		No. of years in service with the Co. :	Annual Salary: _____	Card Limit _____																		
_____	_____	_____		_____	_____	_____																		
Residential Type :	Residential Ownership :			Residential Address: _____																				
_____	_____			_____ Postal Code _____																				
Home Telephone	Mobile Telephone	Office Extension		Email Address : _____																				
_____	_____	_____		_____																				
Mother's Maiden Name (for emergency purposes)				If you are not already a Enrich Frequent Flyer member, call Malaysia Airlines at (65) 64330260 for Enrich Programme Application form. The annual fee of S\$20 to enrol into Maybank Frequent Flyer Programme is waived .																				
_____				Enrich Frequent Flyer Membership No. MH _____																				