



**SUBSIDIARIES/ASSOCIATE COMPANIES**

NAME	ADDRESS	NATURE OF BUSINESS

**DETAILS OF BANK ACCOUNTS**

BANK	BRANCH	ACCOUNT TYPE	ACCOUNT NO.

**DETAILS OF AUDITORS**

NAME	
CONTACT PERSON	
TELEPHONE NO.'S	

**DETAILS OF CREDIT FACILITIES WITH OTHER INSTITUTIONS**

NAME OF INSTITUTION	NATURE OF FACILITY	ORIGINAL AMOUNT (Rs.)	BALANCE O/S (Rs.)	SECURITY

**ASSETS OWNED BY APPLICANT**

## LAND &amp; PROPERTY

Name & Location of Property	Mortgaged to (if any)	Deed No / Date & Notary	Estimated Value (Rs.)

## MOTOR VEHICLES

Registration no.	Make	Value	Leased from/Mortgaged to

**DOCUMENTS TO BE FORWARDED TOGETHER WITH THE APPLICATION**

I/We enclose herewith the following documents;

	Memorandum & Articles of Association
	Copy of Certificate of Business Registration/Incorporation/Trading Certificate
	Bank statements for the past six months
	Copy of latest form 48 filed with the Registrar of Companies
	Audited financial statements and turnover tax returns for the past three years
	Turnover tax paying in slips for the current year
	List of Debtors (name, address, telephone no.'s and actual turnover for last 6 months)
	Age analysis of Debtors and Creditors
	Copies of applicant's and guarantors' NIC.
	Copy of VAT Registration
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**PARTICULARS OF TWO PERSONS FROM WHOM WE CAN OBTAIN A REFERENCE ABOUT YOU/THE COMPANY**

	1	2
NAME		
ADDRESS		
OCCUPATION		
TELEPHONE NO.		

**DECLARATION**

I/We declare that all information provided in this Application and in the annexures is true and accurate, and warrant that I/We have made full disclosure of all matters relevant in any way whatsoever in this application. I/We authorise you to make any inquiries as you deem necessary for credit assessment or confirmation of the above particulars from the banks, auditors and other parties named above or any other source.

I/We understand this application remains the property of Softlogic Finance PLC, irrespective of whether the proposed facility is granted or not. Softlogic Finance PLC reserves the right to reject this application without stating any reasons whatsoever.

Authorised Signatory	Name & Designation	NIC. No.	Date

Submitted to:

Date: