

FIBON CAPITAL SDN BHD (Co. No: 873938 -A)
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Tel: +607 7713398 Fax: +607 774 2025
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Table with 2 columns and 5 rows. Header: PRIVATE & CONFIDENTIAL. Rows: Officer In Charge, Date received, Introduced by, OFFICE USED.

APPLICATION FOR BAI AL-DAYN FACTORING FACILITY

A) TYPE OF FACILITY REQUIRED

Table with 3 columns: Type, Amount(RM), Purpose. Rows: a. Pre- Factoring, b. Post-Factoring, c. Others:

B) COMPANY INFORMATION

1. Company Name :

(a) Type of Organization (please tick) :

Form with checkboxes for Proprietorship, Partnership, Private Limited Company, Govt/ Statutory Body, Other :

- (b) Contact Person/s : 1) 2)
(c) Designation : 1) 2)
(d) Tel : 1) 2)
(e) E-mail : 1) 2)

2. Capital (as at) : Authorized : RM Paid-up :RM

3. Date and Place Incorporated/Registered: 4) Incorporation/Registration No.:

4. Business Activities:

5. Commencement of Business (date):

6. Registered Address :

Tel : Fax :

7. Business Address :

Tel : Fax :

8. Auditors/Accountants: Secretaries

a) Name of Firm :

b) Address :

D) INFORMATION OF KEY MANAGEMENT STAFF

Name	Age	Position	Period	Qualification/Business Experience

E) BANK REFERENCES

No	Bank	Branch	A/C No.	Type & Amount of Facilities Obtained	Name of Contact Person & Tel. No.
1					
2					
3					
4					
5					
6					

Note: Please use separate attachment of the above space if insufficient

H) PARTICULAR OF CONTRACT PURCHASE ORDER (PO) /PROJECT LETTER OFFER (LO)

1. CONTRACT

Contact/PO No : _____

Amount : _____

Description : _____

Remarks : _____

2. END CLIENT

Name : _____

Address : _____

Contact Person : _____

Contact Number: _____

3. SUPPLIER

Name : _____

Address : _____

Contact Person : _____

Tel/ Fax No. : _____

Cost of Purchase: _____

Term of Purchase: _____

Expected Date of Delivery: _____

4. CONTRACT SUMMARY

1. Contract/Po Amount _____

2. Total Purchase Cost _____

3. Gross Profit _____

4. Percentage of Gross Profit (i.eitem3 / item 1) _____ %

5. Expected Repayment Period From End Client/LO _____ days

Note: Please Repayment attachment of the above space is insufficient

2. List of customers with consignment sales/contra account arrangement

3. List of Customers with consignment sales/contra account arrangement

Name	Address	Contact Person/s	Tel. No.

4. List of Major Supplier/Credits-(Please furnish a separate Creditors Ageing Analysis in the same format item No.1 above).

Name	Address	Contact Person/s	Tel. No.

K) PROPOSED GUARANTORS

Name	Residential Address (State whether Rented or Owned)	Occupation	Current Income (RM)

L) OTHER SECURITIES/ COLLATERAL

M) DOCUMENT REQUIRED

CHECKLIST

Please Enclose The following Documents With This Application Form

	Latest 3 years audited /draft / management financial statement with detail Profit & lost account and Balance Sheet
	Certified copies of form 24, 44, 49 latest Annual Return and M & A
	Company Profile with past record and expected orders
	Profile of Directors, Proprietor, Partner and/or Guarantors
	Photocopies of NRIC of Directors, Shareholder, Proprietor, Partner, and/or Guarantors <i>**Note Person Incharge or who are not the director/shareholder but running the business is COMPULSORY to provide a photocopy of NRIC together with no photo passport size</i>
	Latest 6 month Bank (s) Statement (If Any)
	Latest of Offer From Bankers(If Any)
	Copy of Business Registration Certificate (Fom B & D)
	Original copy of the contract/purchase order
	Debtors and Creditors Ageing List (If Any)
	Sample Of Invoices, Contract, Delivery Orders, Purchase, Orders, and other related document
	A copy of the supplier's quotation or proforma invoice and the relevant catalog for the products contracted for, where applicable.
	Audited account for the last 3 years, if available
	Commitment Fee of RM 500.00 Upon submission of the full sets of documents. (refundable upon signing, however the deposit will be forfeited if the client fail to sign the agreement within 30 days from date the Letter Of Offer) <i>**we received cash money only</i>

I/We certify that the above information and the facts set forth in this application (including any supplemental document(s), if any, attached to and made a part of this application) are true and correct. I/We further hereby authorized FIBON CAPITAL SDN BHD to obtain any information from any source whatsoever which FIBON CAPITAL SDN BHD may so required for the purpose of assessing this application. "I/We hereby confirm and declare that all the information provided by me/us is complete, true and correct and that I/we authorize FIBON CAPITAL SDN BHD and its representatives to verify any information provided and to obtain from any source including, consumer reporting, credit reporting agency, or reference schemes you considers appropriate any information and so long as there is existing business relationship/credit facilities. I/We agree and permitted FIBON CAPITAL SDN BHD to disclose or release data/information relating to company/business/individual to credit bureau or central bureau."

Signature of Director's/Owner's

Name
NRIC No.

Name
NRIC No.

Name
NRIC No.

Name
NRIC No.

Company's R/Stamp

Date: _____

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COMPANY

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DIRECTORS

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EQUIPMENT

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SITE/ OTHERS

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