

ASSET FINANCE APPLICATION FORM

Branch

Proposal No

1. APPLICANT

NAME ID/PASSPORT/INC/CERT. OF REG NO. PIN NO

PO BOX POSTAL CODE CITY/TOWN

PHYSICAL ADDRESS (LOCATION /ROAD) TEL. MOBILE

TEL. HOME/OFFICE NO. OWNER / TENANT

IF TENANT: (NAME OF LANDLORD) P.O BOX

POSTAL CODE PHONE NO.

NATURE OF BUSINESS YEAR BUSINESS ESTABLISHED

INTRODUCED BY

PURPOSE OF ASSET BEING PURCHASED

2. APPLICANT'S BANK DETAILS

BANK NAME	BRANCH	A/C NUMBER	OD LIMIT	OUTSTANDING LOANS
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3. EXISTING VEHICLES / PROPERTIES (If more than 3 indicate on separate sheet)

VEHICLE REG NO.	MAKE	MODEL	BALANCE OF LOAN (If any)	FINANCED BY
.....
.....

PROPERTY (RESIDENTIAL/COMMERCIAL) SIZE TOWN/AREA

LR NO. APPROXIMATE VALUE

4. ADDITIONAL INFORMATION - INDIVIDUALS ONLY

Age Occupation Nationality

Name of Employer Address Tel No.

Current Position No. of Years In Current Position

Marital Status Name of Spouse Occupation

Employment Income (Net of Statutory Deductions)	
Self's Income	
Spouse's Income	
Less Living Expenses	
Current Loan Repayments	
Add Other Income Business	
Other E.g. Rent/Farming	
Total Net Disposable Income	

5. ADDITIONAL INFORMATION - COMPANIES AND PARTNERSHIPS ONLY

NAMES OF SHAREHOLDERS/DIRECTORS/PARTNERS

a) c)

b) d)

Annual Turnover (Kes) Annual Net Profit (Kes)

Associate Companies (Where applicable)

ANNEXURE 2

6. DEALER/SUPPLIER

DEALER NAME	POSTAL ADDRESS	TEL NO.	INVOICE NO/DATE	SALES PERSON
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7. ASSET DETAILS/FACILITY

Make	New/Used	Invoice Price
Model/Cc Rating		Less: Discounts
Year of Manufacture		Net Cost
Valuation Amount		Add: Accessories/Other
(Where Applicable)		
Insurance through I&M Insurance Agency Ltd	Tick to confirm	Total Cost
Interested in Insurance Finance (IPF)	<input type="checkbox"/>	Less: Deposit
	<input type="checkbox"/>	Balance of Cost

HIRE PURCHASE FACILITY (For Official Use)

Loan Amount Applied:	Pricing Agreed:
Tenor of Loan:	Repayment Frequency:
Repayment Amount:	Mode of Payment:
Security Offered:	
Guarantor's Name (If any)	
Details of security provided by guarantor (If any):	

8. OTHER CREDIT FACILITIES AT I&M BANK LTD

Name	Facility Type	Sanctioned Limit	Current Outstanding

9. APPLICATION ATTACHMENTS

Please attach the following on application: -

- Bank statements for the last six (6) months. For seasonal businesses, a full year bank statements will be required.
- Copy of ID and copy of PIN certificate (for individual).
- Latest copy of payslip (Salaried individuals).
- Copy of Certificate of Incorporation, Copy of PIN certificate, Memorandum & Articles of Association (for body corporate).
- Business registration certificate (where applicable).
- Audited accounts for at least 2 years (where applicable).
- Proforma invoice from dealer.
- Contract documents (where available).
- Company profile (where applicable).

10. DECLARATION

I/We confirm that the information given in this form is true to the best of my/our knowledge and belief.

Authorised Signature: Date

Authorised Signature: Date