



LankaBangla Finance Limited

Safura Tower (Level -11), 20 Kemal Ataturk Avenue, Banani C/A, Dhaka 1213
Telephone: 9883701 - 10, Fax: 8810998

APPLICATION FOR FACTORING FACILITY
(For Business Enterprise)

COMPANY DETAILS

Name of Company : _____

Name of Group : _____

Registered Address : _____

Present Address : _____

Factory Address : _____

Nature of Business : _____

TIN : _____ Telephone : _____

Type of Company : _____
Please ✓ the appropriate cage

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Private Limited Company
<input type="checkbox"/> Partnership	<input type="checkbox"/> Public Limited Company
<input type="checkbox"/> Other _____ <i>Please specify</i>	

CONTACT DETAILS

Contact Person : _____

Designation : _____

Telephone No. : _____ Fax No.: _____

OWNERSHIP DETAILS

Name of Director/Partner/Proprietor	Relationship with Main Sponsor	Shareholding %
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach separate sheet, if required

SUBSIDIARY/ASSOCIATED/RELATED COMPANY DETAILS

Name of Company	Address	Nature of Business	Established in
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach separate sheet, if required

FINANCIAL REQUIREMENT DETAILS

Type of Facility : Lease Loan
Amount : Tk. _____ Repayment Period: _____ months
Purpose : _____

In case of Lease, please provide the following details:

Type of Asset : Vehicle Machinery/Equipment
Condition : New Reconditioned
Details of Asset : _____
Type/Make/Model : _____
Manufacturer : _____
Supplier : *Name* _____
If different from manufacturer)
Address _____
Place to be Installed : _____
Mode of purchase : Local Purchase Import Time required for delivery: _____ months
Unit Cost : _____ No. of Units: _____
Total Cost : _____

Please use separate sheet, if multiple assets

SECURITY DETAILS

Name of Guarantor	Permanent Address	Present Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach separate sheet, if required

Other Security : _____

EXISTING FINANCIAL FACILITY DETAILS**Short Term Facility:**

Bank/ Financial Institution	Type of Liability	Sanction Amount	Outstanding Amount	Date	Security
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please attach separate sheet, if required

Long Term Facility:

Details	Loan 1	Loan 2	Loan 3
Bank/Financial Institution	_____	_____	_____
Branch	_____	_____	_____
Sanction Amount (Tk.)	_____	_____	_____
Date of disbursement	_____	_____	_____
Type of facility	_____	_____	_____
Grace Period + Repayment Period	_____	_____	_____
Frequency of Installments	_____	_____	_____
Outstanding Balance (Tk.)	_____	_____	_____
Outstanding as at (Date)	_____	_____	_____
Security	_____	_____	_____
	_____	_____	_____

Please attach separate sheet, if required

REQUIRED DOCUMENTS DETAILS

- Details of Director/Partner/Proprietor Form of LankaBangla Finance Limited
- Net Worth Declaration Statement of Guarantor Form of LankaBangla Finance Limited
- CIB Undertaking Form
- Certified copy of Memorandum and Articles of Association
- Certified copy of Certificate of Incorporation and Commencement of Business
- Certified Copy of latest Form XII
- Copy of Trade License
- Copy of TIN Certificate
- Copy of VAT Registration Certificate
- Audited Financial Statements for the last three years
- Last available Draft/Management Accounts
- Bank Statement of the company for the last 12 months
- Details of equipment with Pro forma Invoice/Quotation from Supplier(s) duly accepted by applicant.
- Group Bank Liability Positions.
- Brief Profile of the Company/Business.
- Brief profile of other sister concerns / Businesses of the Group (if any).
- Brief statement of Management personnel showing name, designation, age, education & experience.
- Project profile with projected financials (if new project).
- Latest audited accounts of sister concerns/ other businesses of the Group.
- Details of collateral securities with documents (if any).

We do hereby declare that the information furnished above, in the application and in the attached annexure/s are true and correct. We understand this application remains the property of LankaBangla Finance Limited (LBFL) whether the lease/loan facility is granted or not and LBFL reserves the right to reject the application at the sole discretion of LBFL, without stating reasons therefore.

Specimen Signature of All Directors

Name	Signature

Please continue on separate sheet, if required

Date of Application:

Common Seal

*Please attach
business card*



*Please attach
one passport
size
photograph*

LankaBangla Finance Limited
Safura Tower (Level 11), 20 Kemal Ataturk Avenue, Banani C/A, Dhaka 1213
Telephone: 9883701 - 10, Fax: 8810998

PARTICULARS OF DIRECTORS/PARTNERS/PROPRIETOR

PERSONAL DETAILS

Name : _____

Please do not use abbreviations

Father's Name : _____

Please do not use abbreviations

Mother's Name : _____

Please do not use abbreviations

Husband's Name : _____

If applicable, Please do not use abbreviations

Permanent Address : _____

Present Address : _____

Business Address : _____

Educational/Technical
Qualification : _____

Business Experience : _____

Telephone No. : _____ Fax No. : _____

Profession/Occupation: _____ TIN : _____

Nationality : _____ Date of Birth : _____

COMPANIES WHERE YOU ARE A PROPRIETOR/PARTNER/DIRECTOR

Name of Company	Address	Nature of Business	Associated As	Since	Shareholding %
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please attach separate sheet, if required

BANK/NBFI/INSURANCE COMPANY WHERE YOU ARE A DIRECTOR

Name of bank/NBFI/Insurance Company	Position	Shareholding %
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach separate sheet, if required

EXISTING PERSONAL FINANCIAL FACILITY DETAILS

Name of Bank/ Financial Institution	Nature of Liability	Sanction Amount	Outstanding Amount	Date	Security
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please attach separate sheet, if required

PERSONAL BANK ACCOUNT DETAILS

Name of Bank	Branch	Type of Account	Account No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach separate sheet,, if required

I certify and affirm that each of the statements given above is true and correct.

Date:

Signature:

*Please attach
business card*



*Please attach
one passport
size
photograph*

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Telephone: 9883701 - 10, Fax: 8810998

NET WORTH DECLARATION STATEMENT OF PROPRIETOR

PERSONAL DETAILS

Name : _____
Please do not use abbreviations

Father's Name : _____
Please do not use abbreviations

Mother's Name : _____
Please do not use abbreviations

Husband's Name : _____
If applicable, Please do not use abbreviations

Permanent Address : _____

Present Address : _____

Business Address : _____

Educational/Technical
Qualification : _____

Business Experience : _____

Telephone No. : _____ National ID No: _____

Fax No. : _____

Profession/Occupation: _____ TIN : _____

Nationality : _____ Date of Birth : _____

ASSETS & LIABILITIES STATEMENT**Assets:**

<u>Type of Asset</u>	<u>Details</u>	<u>Amount</u>
Cash		
In Hand		Tk. _____
At Bank	Name of Bank _____	Tk. _____
Fixed Deposits	Name of Bank _____	Tk. _____
Investment		
Bond/Savings Certificates	Type _____	Tk. _____
Proprietorship Firm	Name _____	Tk. _____
Partnership Firm	Name _____	Tk. _____
Private Limited Company	Name _____	Tk. _____
Public Limited Company	Name _____	Tk. _____
Land & Building		
Agricultural	Area _____	
	Location _____	Tk. _____
Non-agricultural	Area _____	
	Location _____	Tk. _____
Building	Area _____	
	Location _____	Tk. _____
Vehicles		
Vehicle 1	_____	Tk. _____
Vehicle 2	_____	Tk. _____
Others (please describe)		
	_____	Tk. _____
	_____	Tk. _____
Total Assets		Tk. _____

Liabilities:

<u>Type of Liability</u>	<u>Details</u>	<u>Amount</u>
Personal Loan/Consumer Credit	Name of Bank _____	Tk. _____
Housing Loan	Name of Bank _____	Tk. _____
Car Loan	Name of Bank _____	Tk. _____
Others (please describe)	_____	_____
Total Liabilities		Tk. _____

I certify and affirm that each of the statements given above is true and correct.

Date:**Signature:**



LankaBangla Finance Limited

Safura Tower (Level 11), 20 Kemal Ataturk Avenue, Banani C/A, Dhaka 1213
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PARTICULARS OF CORPORATE GUARANTOR

We hereby inform you that we intend to stand as a guarantor in connection with a factoring facility to _____ and furnish the following statement with full knowledge of the liability to be assumed and knowing that in considering credit to the applicant you will rely on the particulars given below.

COMPANY DETAILS

Name of Company : _____

Name of Group : _____

Registered Address : _____

Present Address : _____

Factory Address : _____

Nature of Business : _____

Type of Company :
Please ✓ the appropriate cage

Sole Proprietorship

Private Limited Company

Partnership

Public Limited Company

Other _____
Please specify

CONTACT DETAILS

Contact Person : _____

Designation : _____

Telephone No. : _____ Fax No.: _____

OPERATIONAL DETAILS

Year of Operation : _____

Line of Business : _____

Customers : _____

Product/Service/Brand: _____

Bankers : _____

Auditor : _____

FINANCIAL DETAILS

Authorized Capital : Tk. _____ Paid up Capital: Tk. _____

Please provide financial figures for the last 3 years according to the table below:

Year

Turnover _____

Net Profit/Surplus _____

Total Assets _____

Total Liabilities _____

Net Worth _____

REQUIRED DOCUMENTS DETAILS

- Certified copy of Memorandum and Articles of Association
- Certified copy of Certificate of Incorporation and Commencement of Business
- Certified Copy of latest Form XII
- Copy of Trade License
- Copy of TIN Certificate
- Copy of VAT Registration Certificate
- Audited Financial Statements for the last three years

We do hereby declare that the information furnished above, in the form and in the attached annexure/s are true and correct. We understand this form remains the property of LankaBangla Finance Limited (LBFL) whether the factoring facility is granted or not.

Date:**Authorized Signature:****Common Seal:**

*Please attach
business card*



*Please attach
one passport
size
photograph*

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NET WORTH DECLARATION STATEMENT OF GUARANTOR

I hereby inform you that I intend to stand as a guarantor in connection with a factoring facility to _____
and I furnish the following statement with full knowledge of the liability to be assumed and knowing that in considering credit to the applicant you will rely on the particulars given below.

PERSONAL DETAILS

Name : _____
Please do not use abbreviations

Father's Name : _____
Please do not use abbreviations

Mother's Name : _____
Please do not use abbreviations

Husband's Name : _____
If applicable, Please do not use abbreviations

Permanent Address : _____

Present Address : _____

Business Address : _____

Educational/Technical
Qualification : _____

Business Experience : _____

Telephone No. : _____ Fax No. : _____

Profession/Occupation: _____ TIN : _____

Nationality : _____ Date of Birth : _____

ASSETS & LIABILITIES STATEMENT**Assets:**

<u>Type of Asset</u>	<u>Details</u>	<u>Amount</u>
Cash		
In Hand		Tk. _____
At Bank	Name of Bank _____	Tk. _____
Fixed Deposits	Name of Bank _____	Tk. _____
Investment		
Bond/Savings Certificates	Type _____	Tk. _____
Proprietorship Firm	Name _____	Tk. _____
Partnership Firm	Name _____	Tk. _____
Private Limited Company	Name _____	Tk. _____
Public Limited Company	Name _____	Tk. _____
Land & Building		
Agricultural	Area _____ Location _____	Tk. _____
Non-agricultural	Area _____ Location _____	Tk. _____
Building	Area _____ Location _____	Tk. _____
Vehicles		
Vehicle 1	_____	Tk. _____
Vehicle 2	_____	Tk. _____
Others (please describe)		
	_____	Tk. _____
	_____	Tk. _____
Total Assets		Tk. _____

Liabilities:

<u>Type of Liability</u>	<u>Details</u>	<u>Amount</u>
Personal Loan/Consumer Credit	Name of Bank _____	Tk. _____
Housing Loan	Name of Bank _____	Tk. _____
Car Loan	Name of Bank _____	Tk. _____
Others (please describe)		
	_____	_____
Total Liabilities		Tk. _____

I certify and affirm that each of the statements given above is true and correct.

Date:**Signature:**



LankaBangla Finance Limited
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Telephone: 9883701 - 10, Fax: 8810998

DETAILS OF BUYERS
(To be filled in separately for each buyer)

BUYER'S BUSINESS DETAILS

Name of Company : _____

Name of Group : _____

Registered Address : _____

Present Address : _____

Factory Address : _____

Nature of Business : _____

Type of Company : _____
Please ✓ the appropriate cage

Sole Proprietorship

Private Limited

Company

Partnership

Public Limited

Company

Other _____
Please specify

Registration No./VAT No.: _____

Tel: _____

Fax: _____

BUYER'S CONTACT DETAILS

Contact Person : _____
Designation : _____
Telephone No. : _____ Fax No.: _____

BUYER'S OPERATIONAL DETAILS

Year of Operation: _____
Line of Business: _____
Years of Relation with Buyer: _____
Product/Service Sold to Buyer: _____
Sales of Previous Year in Quantity & Value: _____
Sales of Current Year Estimated in Quantity & Value: _____
Sales of Next Year Projected in Quantity & Value: _____
Payment Terms: _____
Number of Invoices Per Month: _____
Average Value of Invoice: _____
Limit Required: _____
Bankers: _____
Auditor: _____

FINANCIAL DETAILS

Authorized Capital: Tk. _____ Paid up Capital: Tk. _____

Please provide financial figures for the last 3 years according to the table below:

Year	_____	_____	_____
Turnover	_____	_____	_____
Net Profit/Surplus	_____	_____	_____
Total Assets	_____	_____	_____
Total Liabilities	_____	_____	_____
Net Worth	_____	_____	_____

N.B. Please note that in order to consider this proposal, it is essential that LankaBangla Finance gets financial information on the buyers to assess their credit worthiness. In case this information is not available in respect of specific buyer(s), LankaBangla Finance may not be able to consider the factoring facility in respect of those buyer(s).

Date:

Authorized Signature:

Common Seal:

UNDERTAKING

Annexure 'Ka'

Date: _____

Manager
LankaBangla Finance Limited
Safura Tower (Level 11)
20 Kemal Ataturk Avenue
Banani
Dhaka 1213

Sub: **Information relating ownership of borrower organization/individual**

Dear Sir,

I, _____, Proprietor/Partner/Director
of _____

Father's Name : _____
Mother's Name : _____
Husband's Name : _____
(if applicable)
Permanent Address : _____
Present Address : _____
Business Address : _____

am applying in my own name/in the name of an organization under my ownership for sanction/renewal/rescheduling of credit facility.

In addition to the organization mentioned above, I enclose herewith a list of business organizations in my own name/under my ownership/under my management and control. If any business organization other than as mentioned below is found in my own name/under my ownership/under my management and control, I shall be accountable and punishable for false statement and misrepresentation. The Authority can take any legal action against me for suppressing facts and I shall be obliged to accept any such decision.

Sl. No.	Name of Enterprise	Permanent Address	Business Address	If the enterprise is enjoying any credit facility		
				Yes		No
				Name of Bank/ Financial Institution	Name of Branch	

Please attach separate sheet, if required

I shall notify any change in the above-mentioned information within 14 days of the change, in failure of which the Authority can take any legal action against me.

Attested by

Signature :	Signature :
Name :	Name :
Seal :	Name of Borrowing Enterprise :
Date :	