

Revolving Credit Facility Application Form

Applicant Details

Company Name

Registration Number

Contact Person

Phone

Email

Registered Address

Facility Details

Requested Facility Amount

Currency

Purpose of Facility

Requested Tenor (months)

Source of Repayment

Financial Information

Annual Revenue

Net Profit

Existing Credit Facilities

Declaration

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I hereby declare that the information provided above is true and correct to the best of my knowledge.

Authorized Signatory Name

Date