

LOAN APPLICATION FORM FOR COMPANY

SECTION I: GENERAL INFORMATION

CUSTOMER NO:

Entity Type:

Tick where appropriate

	Seychelles Incorporated Proprietary Company Seychelles International Business Company (IBC)																			Se	eyc	hel	les	Inc	or	ро	rat	ed	Li	nit	ed	Co	om	ра	ny											
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			Enterprise which has an annual sales turnover above 10 million Seychelles Rupees, but not more than 25 million Seychelles Rupees and not more than 50 employees Enterprise which has an annual sales turnover of 25 million Seychelles Rupees and above, and 50 employees and above																																											

Name of Stock Exchange if Listed Company:												
Documents required are the original or certified true copy (As provided by the Seychelles Registrar of Companies or equivalent/relevant competent authority from applicable jurisdiction)												
Registered certificate of incorporation or certificate of registration by continuation (for foreign companies registered by continuation).												
Registered Business Name Certificate (if applicable).												
Registered Memorandum & Articles of Association OR a written confirmation attesting the non/standard adoption of the Articles of Association signed by the Directors of the Company (if applicable).												
Registered Particulars of Directors OR a confirmation of the particulars of Director signed by either the Company Secretary or Registered Agent.												
Register of Shareholders OR equivalent document signed by either the Company Secretary or Registered Agent.												
Certificate of Good standing from equivalent competent authority in relevant jurisdiction (if applicable).												
Certificate of Amendment confirming any change of registered name/shareholding (if applicable).												
Valid Trade or operating licence of Company from Seychelles Licensing Authority or equivalent regulatory body (if applicable).												

SECTION 2: COMPANY CONTACT INFORMATION

Registered	Address:
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Stre	treet/Sub District:																																
Dist	ric	t					r										 	1	-			 				 		r	1	1	1		
Со	unt	try	<i>י</i> :																														

Business Address (if different from Registered Address):

Street/sub-District:		
District:		
Country		
Country:		

Documents required are the original or certified true copy (As provided by the Seychelles Registrar of Companies or equivalent/relevant competent authority from applicable jurisdiction)

Notification of registered address.

Proof of business address document such as lease agreement or utility bill (dated less than 3 months).

Mailing Address:

Street/sub-District:																							
District:																							
Country:																							
Business Contact details: Office Number: Mobile Number:																							
Fax number: Website address:																							
Email address:																							

Main Contact Person:

Tick where appropriate					
Title:	MISS MS.	MRS.	MR.	Other (Specify)	
Surname:					
Name(s):					
Position:					
Mobile phone number:					
Email address:					
SECTION 2: BANK D	ETAILS				
Bank Name/Address		T	ype of Account	A	ccount Number
Existing Client of DBS	Yes No				
Previous Client of DBS	Yes No				

Other Bank Details (Attach a copy of your most recent Bank Statement)

Bank Name / Address	Type of Account	Account Number

SECTION 3: LOAN DETAILS

Purpose of Loan

Total Project cost SCR (Attached copies of all relevant documents and complete breakdown)

Loan Amount Required SCR

Grace Period Required (months)

Proposed Contribution

Proposed Monthly installments

CE	CT			CECI	IDITY
ЭE		IU	N 4:	SEC	URITY

Please select which form of security will be given for this loan application:

Mortgage /Charge on leasehold property (Please attached copy lease agreement and valuation of building)

Bank Guarantee (please attached copy of certificate)

Floating charge on company's assets (attach copy of registration certificate of assets, valid road license, valid insurance policy and valuation of assets)

Guarantor(s) to (Guarantors to complete a Guarantor Declaration form, to provide the latest Payslip and ID card)

Director(s) shareholders personal guarantee

	Collateral Code:																Collateral Valu																
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Disclaimer: DBS reserves the right to request additional or other securities.

SECTION 5: BUSINESS PLAN & TURNOVER DECLARATION

Nature of Business:	
Targeted markets and clients (Specify foreign countries where applicable):	
Source of Funds to be invested and deposited in the Company:	
Number of Employees: (Female/Male)	
Business asset value (specify currency):	

Projected Financials

(In SCR, if other than SCR state currency)	Current year (Year I)	Year 2	Year 3
Income			
Expenses			
Net flow			

Monthly Turnover in SCR (Please select as appropriate):

0 - 500 K	500 K - 1.2 M	
1.2 M - 3 M	3 M - 6 M	
6 - 15 M	>15 M	

Documents required

Business plan & cash flow statement (if applicable).

Latest audited financial statements (signed).

SECTION 6: SHAREHOLDER/BENEFICIAL OWNER DETAILS

Guidance notes:

This section is to be completed by the Shareholder(s) or beneficial owners of the Company. For Customer Due Diligence purposes, we require details of any Individual or Corporate shareholder/beneficial owner.

1. A shareholder is defined as any individual or legal entity controlling directly or indirectly 20% or more of the share capital of the Company

(the "Shares").

- 2. A beneficial owner is defined as the natural person(s) who ultimately owns or controls the Shares and may or may not nominally own the shares themselves. It also includes those persons who exercise ultimate effective control over the Shares.
- 3. Effective interest is defined as the combined percentage shareholding of a legal entity, or an individual computed through direct holdings of the company shares and indirect holdings of that legal entity or individual through other entities.
- 4. All Individual Shareholders/Beneficial Owners with an effective interest of 20% or more must complete the Individual Customer

Record Form and provide supporting Proof of identity and address documents.

- 6. Where the Company is listed or is a subsidiary of a company listed on a recognized stock exchange, no further CDD measures are required (i.e., no need to fill in sections D and E of this Form).
- 7. Where a Shareholder is a Company listed on a recognized stock exchange or a subsidiary of a company listed on a recognized stock exchange, no further CDD measures are required for this Shareholder.
- 8. The law defines a Politically Exposed Person (PEP) as a Seychellois or foreign individual entrusted with a prominent public function in the last three (3) years and includes any immediate family member or close business associate of such an individual.
- 9. Note a "family member" includes a spouse or a partner, children and their spouses or partners, parents, and siblings of a PEP and a "close associate" is any person having a partnership, trust or business relations with a PEP.

DETAILS OF SHAREHOLDERS

- Please submit your group structure alongside this form, setting out the shareholders DIRECTLY owning the shares of the Company as well as the shareholders which INDIRECTLY hold the shares of the Company, and which have at least an effective shareholding of 20% of the Company).
- The above "Guidance Note" can help you to prepare the group structure and to fill in the table below.

(I) DIRECT SHAREHOLDING

	Full name(s)	Effective Interest %	Seychelles Tax Resident	Beneficial Owner	PEP
I			YN	YN	Y N
2			YN	Y N	Y N
3			Y N	YN	Y N
4			Y N	YN	Y N
5			YN	Y N	Y N
6			YN	Y N	Y N

I) INDIRECT SHAREHOLDING

	Full name(s)	Effective Interest %	Seychelles Tax Resident	Beneficial Owner	PEP
I			Y N	Y N	Y N
2			Y N	Y N	Y N
3			Y N	Y N	Y N
4			Y N	Y N	Y N
5			Y N	Y N	Y N
6			Y N	Y N	Y N
7			Y N	Y N	Y N

SECTION 7: SHAREHOLDER/BENEFICIAL OWNER DECLARATION

This section is to be completed by the beneficial owner(s) of the Company. For Customer Due Diligence purposes, we require a beneficial owner declaration as follows:

I/We herein acting on behalf of the above-named company hereby declare that the beneficial owner(s) of the company is/are strictly limited to the person(s) revealed in the official documents duly submitted to DBS in disclosing the entire shareholding structure and for Customer Due Diligence purposes.

(If you have ticked "No" in the "Beneficial Owner" column in the Shareholding sections please list out the names of the

Beneficial Owner in the table below.)

I/We hereby declare a beneficial owner(s) interest as follows:

	Full name details of Beneficial owner(s)	Seych Res	elles Tax ident		PEP	Effective Interest %
I		Y	Ν	Y	Ν	
2		Y	Ν	Y	Ν	
3		Y	Ν	Y	Ν	
4		Y	Ν	Y	Ν	
5		Y	Ν	Y	Ν	
6		Y	Ν	Y	Ν	
7		Y	Ν	Y	Ν	
8		Y	Ν	Y	Ν	

SECTION 8: DIRECTORS DETAILS

This section is to be completed by the Director(s) of the Company.

	Full name details of Director(s)	Seychelles Tax Resident	PEP
I		Y N	Y N
2		Y N	Y N
3		Y N	Y N
4		Y N	Y N
5		Y N	Y N
6		Y N	Y N
7		Y N	Y N
8		Y N	Y N

SECTION 9: TAX RESIDENCY STATUS

Tax residency information

Tax Regulations applicable to financial institutions require DBS to collect and report certain information about each applicant/Beneficial Owner's tax residency and in certain circumstances, citizenship status.

Please complete, where applicable, the relevant sections below

	Country/Jurisdiction of Tax Residence	TIN
١.		
2.		
3.		

If a TIN is unavailable, please provide the appropriate reason by ticking one of the boxes below:

The country where the entity is liable to pay tax does not issue TINs.

Other reason. Please specify below

SECTION 10: AUTHORISATIONS AND UNDERTAKINGS

I hereby authorize Development Bank of Seychelles (DBS) to provide, directly or indirectly, to relevant authorities any information DBS may have in its possession on me (or if I am signing this form on behalf of the Borrower and/or the Beneficial Owner; on the Borrower and/or the Beneficial Owner), as may be required pursuant to intergovernmental agreements to exchange financial account information.

I hereby provide my consent to DBS to execute the lawful processing of my personal data for the purpose of this application and for subsequent transactions.

I also understand that no disclosure is to be made by DBS to third parties except as provided in certain specific circumstances whereby the Bank may still process and is required to disclose the personal data in view of its statutory obligations, under mandated Credit Reporting or under any other law or by a court order.

I declare that all the information provided on this form is correct and complete to the best of my knowledge and I undertake to indemnify the Bank and its designated Officer in the event I would have made any misstatement in this documentation.

I undertake to inform DBS within 30 days should any certification on this statement become incorrect or incomplete.

Signature:
Name:
Title:
Date:
Signature:
Name:
Title:
Date:

AUTHORISED SIGNATORIES

NOTE: Applicants must provide clear and legible documents, in English or French and, where appropriate, must contain clear photographic images and specimen signature samples. All documents must be submitted as valid originals for certification by a Bank officer. Please note that the above checklist is not exhaustive, and, in some cases, additional documents may be required to complete the due diligence process.

SECTION II: FOR OFFICE USE ONLY (Do not complete this section)

Form completed fully Identification seen & checked Form signed & signature confirmed Proof of address seen & checked
Does security meet the criteria YES NO
Guarantor(s) qualify YES NO N/A
CIS check YES NO If Yes: Pass Special Mention Substandard Doubtful Loss
Record with DBS- Past: Very good 🗌 Satisfactory 🗌 Bad 📃
Existing: Very good 🗌 Satisfactory 🗌 Bad 📃
Officer's Comments

I have examined all the relevant documents and confirm that they are in order and in line with the Bank's policies.

Officer Name:		signature		Date:
Verified By:		Signature		
Sanction Level: C	EO	ttee	BOD	