



## LOAN APPLICATION FORM FOR COMPANY

**SECTION I: GENERAL INFORMATION**

**CUSTOMER NO:**

**Entity Type:**

Tick where appropriate

Seychelles Incorporated Proprietary Company	<input type="checkbox"/>	Seychelles Incorporated Limited Company	<input type="checkbox"/>
Seychelles International Business Company (IBC)	<input type="checkbox"/>	Foreign Incorporated Company	<input type="checkbox"/>
Other, specify: .....			

Company/Entity Name:

--

Previous Company/Entity name (If any)


Incorporation number:

--

Country of Registration:


Date of registration:

--	--	--	--	--	--	--	--	--	--	--	--

TIN certificate Number:

--	--	--	--	--	--	--	--	--	--	--

Business Status:

- |                                       |                                    |                                       |                                      |
|---------------------------------------|------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Active       | <input type="checkbox"/> Closed    | <input type="checkbox"/> Registered   | <input type="checkbox"/> Liquidation |
| <input type="checkbox"/> Asset Frozen | <input type="checkbox"/> Dissolved | <input type="checkbox"/> Receivership | <input type="checkbox"/> Suspended   |

Others: .....

Company Size:

- |                                 |   |
|---------------------------------|---|
| <input type="checkbox"/> Micro  | Enterprise which has an annual sales turnover not more than 2 million Seychelles Rupees and not more than 5 employees   |
| <input type="checkbox"/> Small  | Enterprise which has an annual sales turnover above 2 million Seychelles Rupees, but not more than 10 million Seychelles Rupees and not more than 15 employees  |
| <input type="checkbox"/> Medium | 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 |
| <input type="checkbox"/> Large  | Enterprise which has an annual sales turnover of 25 million Seychelles Rupees and above, and 50 employees and above   |







## SECTION 4: SECURITY

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

- Mortgage /Charge on freehold property (Please attached copy of title deed, location plan and valuation of property)
- 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 Value

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 1)	Year 2	Year 3
Income			
Expenses			
Net flow			

Monthly Turnover in SCR (Please select as appropriate):

0 - 500 K	<input type="checkbox"/>	500 K - 1.2 M	<input type="checkbox"/>
1.2 M - 3 M	<input type="checkbox"/>	3 M - 6 M	<input type="checkbox"/>
6 - 15 M	<input type="checkbox"/>	>15 M	<input type="checkbox"/>

### 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
1			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
4			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
5			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
6			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
7			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

**I) INDIRECT SHAREHOLDING**

	Full name(s)	Effective Interest %	Seychelles Tax Resident	Beneficial Owner	PEP
1			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
4			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
5			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
6			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
7			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

**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)	Seychelles Tax Resident	PEP	Effective Interest %
1		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
2		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
3		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
4		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
5		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
6		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
7		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
8		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	

**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
1		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
4		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
5		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
6		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
7		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
8		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

**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
1.		
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: AUTHORISATION FOR CREDIT INFORMATION REFERENCE & DISCLOSURE**

We, the undersigned representing .....here  
 by  
 give permission to the Development Bank of Seychelles to obtain and disclose any credit information from / to the Central Bank of Seychelles (CBS) Credit Information System (CIS)

Authorized by:

...../...../.....  
 Name Signature Date

...../...../.....  
 Name Signature Date

...../...../.....  
 Name Signature Date

**SECTION 11: 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.

**AUTHORISED SIGNATORIES**

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

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

**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: CEO  Credit Committee  BOD