LEASING COMPANY (SEYCHELLES) LIMITED BRN: B8438056

APPLICATION FORM FOR LEASE - PERSONAL AND SELF-EMPLOYED

Application Date:	Reference:					
Type of Lease: Finance Lease Main	intenance Management Full Maintenance Lease					
APPLICANT DETAILS	GUARANTOR / JOINT APPLICANT DETAILS (if applicable)					
New Existing	New Existing					
Title: Mr Mrs Miss	Title: Mr Mrs Miss					
Surname:	Surname:					
First Name:	First Name:					
Maiden Name:	Maiden Name:					
NIN / Passport No	NIN / Passport No					
Nationality:	Nationality:					
Residential Address	Residential Address					
Mailing Address (if different from above)	Mailing Address (if different from above)					
Phone No	Phone No					
Home Work Mobile	Home Work Mobile					
Email:	Email: Marital Status					
Single Married Other	Single Married Other					
No of Dependants:	No of Dependants:					
Residential Status	Residential Status					
Home Owner Tenant Living with Parents	Home Owner Tenant Living with Parents					
EMPLOYMENT DETAILS	GUARANTOR / JOINT EMPLOYMENT DETAILS (if applicable)					
Salaried Self-employed Other Present Employment Specify	Salaried Self-employed Other Present Employment Specify					
1 1900M Zimprofilion	Troom Employment					
Name of Employer	Name of Employer					
Address of Employer	Address of Employer					
Employment	Employment					
Permanent Other (Specify)	Permanent Other (Specify)					
Contractual Years in Actual Employment:	Contractual Years in Actual Employment:					
Occupation:	Occupation:					
Industry:	Industry:					
Monthly Basic Salary: SCR	Monthly Basic Salary: SCR					
Other Monthly Revenue: SCR	Other Monthly Revenue: SCR					
Spouse's Details	Spouse's Details					
Employed Other (Specify)	Employed Other (Specify)					

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Initials : /

STATEMENT OF ASSETS AND LIABILITIES (Applicant)

Details of Assets / Immovable	Properties:						
Details of Liabilities (Loans, Leases, Credit Cards, Overdraft,etc)		(Outstanding Amount SCR	Monthly Repayment SCR			
Source of Fund eg: salary, trade, p							
INCOME & GENERAL EXPEN	NSES (Applicant)						
		Applicant	Spouse	Guarantor			
<u>Income</u>		SCR	SCR	SCR			
Basic Salary							
Allowances				,-			
Other Income	<u> </u>						
Total Income	SCR						
<u>Expenditure</u>							
Gross Expenses	ļ						
Loan/Leases/OD/Credit Card							
Others							
Total Expenses	SCR						
Net Revenue	SCR						
LEASE REQUEST							
Supplier / Vendor's Name:				D-4-			
Contact Person:				y Date:			
	Model:			New New			
Cost of vehicle (incl VAT):							
Proposed Deposit:	SCR		Residual Value (%	` '			
Requested Finance Amount:	SCK		Bullet Amount.	SCR			
Terms (Months):							
Authorisation to receive		•	,				
			ent of accounts, Customer du Seychelles)Limited				
Consequently, it is understo	•		to an alterniuformation to	"t			
rather than by email,		J	ments or other information to				
		•	ond its control any more than it on t by the client to Leasing Com	•			
Allied Plaza, Rue de Poss LCSL shall take all reasshall not accept respons	session, Victoria, Mahe onable precautions to	e, Seychelles; o ensure that viruses	are not present in any comm the opening or use of any em	nunication it sends out and			
received from LCSL; • It is my/our responsibility to inform LCSL of any change to my/our email address and/or any other material change which LCSL							
would likely expect to be i I/we will hold LCSL and/or the aforesaid parties and	r its agents harmless ir		our present instructions and no e might have accordingly.	t to enter any action against			
Signature:	gnature: Signature:						



FINANCE LEASE - INSURANCE AND MAINTENANCE COST

The lessee shall bear all the costs relative to insurance (Full Comprehensive cover / All Risk Cover) and maintenance as per the terms of lease contract.

The lessee undertakes to insure the said leased asset under a full comprehensive and / or All Risk cover and to renew such insurance for its market price at an insurance company duly licensed by the Financial Services Authority, and to forward a copy of the insurance to the lessor upon each renewal until full settlement of the said lease.

DECLARATION AND AUTHORISATIONS

I/We understand that the Central Bank Of Seychelles has, in exercise of the powers conferred upon it by law, established a Seychelles Credit Information System (SCIS) to collect information from banks regarding the credit facilities which they grant to their customers in order to enable a bank which is approached for a credit facility by a customer to obtain information from SCIS regarding any credit facilities granted to that customer by other banks.

I/We authorize Leasing Company (Seychelles) Limited to investigate and verify all of the information provided and to exchange credit-related information and experience with other banks. A photocopy of this document authorizes banks to release to this company information about their credit experience with me/us.

I/We understand that the information so collected will be kept in strict confidence by SCIS and Leasing Company (Seychelles) Limited concerned.

I/We further understand that:

Leasing Company (Seychelles) Limited will, as part of its appraisal process of the present application, access SCIS to seek information on credit facilities provided to me/us by other banks, and I/We authorize the Leasing Company (Seychelles) Limited to do so.

It will be a term of the credit facility applied for, if granted, that information regarding it shall be given to SCIS for the use of SCIS and other banks.

APPLICANT'S DECLARATION

I/We declare that the information presently stated in this application form is, to the best of our knowledge, true and correct. In case of approval, the facility will be governed by the law of Seychelles. I/We understand that Leasing Company (Seychelles) Limited reserves the right to reject the application at its sole discretion without stating any reason. I/We give our consent and authorise you to send written confirmation of approval of the lease facilities to the Supplier/s.

Applicant			Guarantor / Joint Applicant (if applicable)			
Signature:			Signature:			
Name:			Name:			
Date:	//	/	Date:	DD	//	YY
Docume NIN Sal Bar	Use Only ents Required - Certified true copi lary slips for last 3 months ink Statement for last 6 months of of address (less than 3 month		tional Informati	Trade License SRC Return Quotation of Ve	tration Certificate whicle	
Receive	ed by:		Date:	/ /	//	YY



Initials : /