



FACTORING/INVOICE DISCOUNTING APPLICATION FORM

1. IDENTIFICATION & ACTIVITIES			
Company Name:			
Address:			
Telephone No:		Fax No:	
Email Address:			
Website:			
VAT REG No:			
Company Registration Number:			
Legal Status:		Capital:	
Date of Incorporation:			
Main Activities (%):			
Other Activities (%):			
Trademarks:			

2. SHAREHOLDING	
(Individual: surname and first name – Company/Partnership: name)	
	%:
	%:
	%:
	%:

3. ANNUAL TURNOVER				
	Year n-3 Turnover (VAT EXCL.)	Year n-2 Turnover (VAT EXCL.)	Year n-1 Turnover (VAT EXCL.)	Estimated Turnover (VAT EXCL.)
Local				
Export				
Total				



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4. TURNOVER WITH CORPORATE BODIES FOR THE LAST 12 MONTHS (VAT INCLUSIVE)				
Month	Turnover	No. of Invoices	Amount of Credit Notes	No. of Credit Notes
TOTAL				

5. SUPPORTING DOCUMENTS**	
(please tick where appropriate)	
Purchase Order	
Delivery Note	
Combined Invoice & Delivery Note	
Contract	
Confirmation Order	
Others (please specify)	

**Supporting Documents related to a transaction to be provided including copy of invoice



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6. LIST OF MAIN DEBTORS**				
Legal Name	Annual Turnover (VAT Incl.)	Country	Currency of Invoice	Payment Terms

**Continue on a separate sheet if more space is required

7. SUPPLIERS WHICH ARE ALSO DEBTORS	
Legal Name	Activity

8. RELATED PARTIES TRANSACTIONS	
Legal Name	Activity

9. FINANCIAL RELATIONS				
Name	Overdraft Facilities	Loans	Import Facilities	Leasing



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10. OTHER FINANCIAL AND CREDIT RISK PARTNERS

Partner	Name	Signing Date
Credit Insurer		
Debt Collection Agency		
Factoring Company		

11. ZIMRA (TAX/VAT)

VAT Declaration Period (Monthly, Quarterly)	
VAT Due and Not Yet Paid	
Income Tax Due and Not Yet Paid	

12. DECLARATIONS

The undersigned formally certifies that the above information provided in this declaration form, as well as on all attached documents is true and correct to all intents and purposes. This information is hereby passed on to Baruch Capital (Pvt) Ltd for the purpose of conducting a risk assessment without any commitment whatsoever on the part of Baruch Capital (Pvt) Ltd to proceed further with any application made by the undersigned. Baruch Capital P/L reserves the right in its sole and absolute discretion to enter into any transaction with or make any offer to the undersigned. The undersigned also hereby authorizes Baruch Capital P/L to submit information contained in the present document to its credit insurer and correspondents for evaluation purposes.

Name:

Date:

Signature and Company Stamp:

PLEASE NOTE THAT INFORMATION REQUESTED IN THIS DOCUMENT IS NOT EXHAUSTIVE & BARUCH CAPITAL P/L RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION REQUIRED TO COMPLETE THIS APPLICATION.

13. DOCUMENTS REQUIRED (Copies)

Certificate of Incorporation/Memorandum & Articles of Association/Current Annual Return	
Business Partner Registration confirmation	
VAT Certificate:	
Tax Clearance Certificate	
Latest Audited Accounts or Management accounts	
Statement of Liabilities*	
Latest Debtors Ageing List*	
Latest Creditors Ageing List*	

*Documents provided must not be more than one month old



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FOR OFFICIAL USE ONLY

Date Received: Officers Signature:

14. AUTHORITY TO COMMUNICATE

YOUR LETTERHEAD

Date:

The Manager

[Bank Name]

Dear Sir,

Authority To Communicate Information To Baruch Capital (Private) Limited

We hereby formally authorise you, [Bank Name], in accordance with Section Of the Banking Act [Year], to disclose and provide to BARUCH CAPITAL (PRIVATE) LIMITED any relevant information with respect to requested from time to time by Baruch Capital (Private) Limited, as part of its overall risk assessment procedures.

The foregoing is a standing instruction and shall remain in force until formally revoked in writing.

Yours Faithfully,

.....

Authorised Signatory

.....

Authorised Signatory

.....

Name

.....

Name

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BARUCH CAPITAL
PRIVATE LIMITED

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Company Stamp	
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