

Type of residence: Owned Rented With Parents Leased Other

Duration of stay at present address: Years Months

Marital status: Single Married Widowed Divorced

Is the spouse employed: Yes No

Designation of the spouse: _____ If yes, name of _____ employer: _____

No. of dependents (including spouses if married): _____

Are you a tax payer? Yes No If yes, tax file no. _____

Have you had any judgments, with or legal proceedings against you?

Yes No

Are you a politically exposed person? Yes No

If yes, status _____

Educational Background

Primary Graduate Post-Graduate Diploma/Certificate

Professional (your qualification) _____

Employment Details (If Employed)

Designation: _____

Name and address of employer: _____

Employment status: Contract Permanent Probation

Net Income: _____

Length of service at current employment: _____

Previous employer and address: _____

Length of service: _____ Designation: _____

Existing Banking & Financial Facilities:

Name of the institution	Facility Type	Amount Granted	Monthly Installment/Rental	Current Outstanding	Security Provided

Business Details (If Engaged in a Business)

Registered Name: _____ Business Registration Number: _____

Business Registration Address: _____

Contact Details

Telephone	Land phone number and relevant mobile numbers
Fax	
E-mail	
Contact Person	Name in full and contact details

Past 3 Months Actual Sales & Purchase Figures:

Month	Purchase	Sale

Current Liabilities with Other Banks/ Financial Institutions

Name of the institution	Facility Type	Amount Granted	Monthly Installment/ Rental	Current Outstanding	Security Provided

Other connected business interests (if any),

Business Name: _____

BR No: _____

Details Of A Relative Not Living With You

Name: _____

Address: _____

Telephone: Home _____ Office _____ Mobile _____

Relationship: _____

Name and address of the employer: _____

Monthly Income & Expenses

Basic salary: _____

Fixed allowances: _____ Other allowances: _____

Other income (source of income): _____

Total: _____

Net profit for the current year (applicable for businessman only): _____

Average monthly profits (applicable for businessman only): _____

Expenses:

Household expenses: _____

Rent: _____

Insurance premiums: _____

Other expenses: _____

Total: _____

Bank Account Details

Bank Name	Branch	Account No
Account Type	Account Since	

Asset Details Owned by Me

Nature of the Property (Bare land/House & land)	Property address / Location	Extent	Estimated value (LKR)
Vehicle No.	Description of the vehicle (Make/Model/YOM)		Estimated value (LKR)

Insurance

Motor Insurance to be arranged by,

Ceylinco Insurance Sri-Lanka Insurance HNB Insurance
 Cooperative Insurance Allianz Insurance Other

Asset to be Leased

Type of Asset: Vehicle Equipment Machinery
 Condition: Brand New Reconditioned Used

Make & Model	Cost of the Vehicle/ Equipment & Machinery	Supplier	Lease Amount	Lease Period	Location of the Vehicle/ Equipment & Machinery	Purpose of the Vehicle/ Equipment & Machinery

Upon receipt of the signed delivery order from the supplier,

Address of the lease property to be delivered to _____

Address of the lease property to be kept _____

Details of Guarantors

	Name in Full	NIC No	Residence Address	Telephone (Land Phone No)	Occupation	Designation	Monthly Income
1							
2							
3							

(DISCLOSURE OF ALL FACTS RENDER A SPEEDIER SERVICES)

Terms and Conditions

1. I have not knowingly withheld any information that might act credit risk. I agree to provide any further information and adhere to the terms and conditions stipulated by SMBF for the grant of the approved lease requested by me.
2. I hereby give my consent to SMBF to extract crib reports/ share borrowers personal details with CRIB from time to time as and when required and to verify the NIC from the NIC Data Base and Election Registration Data Base at any given time.
3. I declare that the above information substantiate with Know Your Customer (KYC) details as well.
4. I also hereby confirm that I have the capacity and the financial ability to pay the lease rent of the proposed lease facility.

DECLARATION

-I hereby declare that the above information is true and correct and that the company reserve the right to reject the Application at its sole discretion without stating any reason thereof.

-I hereby declare and confirm that my source of income is legal & valid.

- I hereby declare that the leased asset will be used for the purpose stated only.

Name: _____

Signature: _____

NIC: _____

Date: _____ DD/MM/YYYY

Documents to be submitted with the application. (Please attach all the required documentary evidence)

Customer Documents,

- Copy of NIC signed by the customer
- Billing proof (Water Bill/ Electricity Bill/ Fixed Line Bill - should be within the last 03 months / Gramasewaka Certificate)
- Documentary evidence of professional qualification issued by respective authority - (applicable for professionals only)
- Copy of the tax returns.
- If on rent/lease, copy of the lease/ tenancy agreement

If employed,

- Employment & Salary confirmation letter
- Last six months certified pay sheets
- Last six months certified bank statements
- Copy of marriage certificate (if joint A/C with spouse)

If engaged in a business,

- Copy of the company business registration/ incorporation
- Form 40 / Form 1,13,20 and 15 duly signed by the company secretary
- Latest audited financial statements for the past 3 years
- Articles of association
- Last six months certified bank statements
- Business plan for the next 12/24/36/48/60 months
- Cash flow forecast for the next 12/24/36/48/60 months

Lease facility documents

- Valuation report from a registered valuer obtained within 1 month
- Proforma invoice unregistered vehicle/ supplier invoice for registered vehicle
- Original revenue license
- Original certificate of registration of vehicle (CR)
- Original luxury tax paid receipts (if applicable)
- 2 coloured passport size photos
- Spare key
- Certified NIC /passport copy of the previous owner
- Deletion letter from previous absolute owner

