



BSNC Leasing (M) Sdn Bhd

(A wholly Owned Subsidiary of BSNC Corporation Berhad)

B-20-7, 20th Floor, Block B
Megan Avenue II, Jalan Yap Kwan Seng
50450 Kuala Lumpur

Attach your business card here

TYPE OF FACILITY

Factoring : Post Pre Contract Financing

Contract Awarder :

Amount Contract / Amount Applied :

BACKGROUND INFORMATION

Name and Address of * Individual / Sole Proprietorship / Partnership / Corporation

Company Name :

Business Address :

Correspondence Address :

Business Registration No : Date of Incorporation :

Nature of Business : Years in Business :

Business Premise : Rented / Owned Number of Employees :

Authorised Capital : Paid-up Capital :
(For private company only) (For private company only)

Telephone No : Mobile Phone :

Fax No : Email Address :

Person to Contact :

Mobile Phone :

Website / Email Address :

COMPANY / BUSINESS PARTICULARS

Name of Directors / Principal Executive Officers / Proprietor / Partners

Name	Designation	NRIC No.

Banker's Name :

Address :

Banker's Name :

Address :

Auditors :

Address :

Telephone No :

Contact Person :

Company Secretary :

Address :

Telephone No :

Contact Person :

ADDITIONAL INFORMATION - GUARANTOR / PARTNERSHIP

Name :

Designation :

Years in Designation :

New I/C :

Old I/C :

Date of Birth :

Gender :

Email Address:

Mailing Address :

CREDIT FACILITIES WITH OTHER FINANCIAL INSTITUTION(S)

Name of Institution	Type of Facility (ies)	Loan Amount (RM)

SUPPORTING DOCUMENTS

For us to better consider your application , please read Attachments 1 and 2 and provide the relevent documents

DECLARATION

I/We hereby confirm that all information and supporting documents provided herein are true, correct and complete
AND I/We hereby confirm give you my/our expressed consent to conduct any checking on my /our credit standing / Financial status with any person/institutions that you may deem necessary including CCRIS, CTOS, and others credit checks.

Authorised Signatory (Name & Position)

NRIC No / Company Chop

Date

FOR BSNCL USE ONLY

Name of Staff / Officer in Charge

Department

Date

Remarks