

SECTION 3: BANK DETAILS

Bank Name/Address

Type of Account

Account Number

Existing Client of DBS Yes No

Previous Client of DBS Yes No

Other Bank Details (Attach a copy of your most recent Bank Statement)

Bank Name / Address	Type of Account	Account Number

SECTION 4: LOAN DETAILS

Purpose of Loan

Total Project cost SCR (Attached copies of all relevant documents and complete breakdown)

Loan Amount Required SCR

Proposed Contribution

Grace Period Required (months)

Proposed Monthly installments

SECTION 5: 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

Disclaimer: DBS reserves the right to request additional or other securities.

SECTION 6: 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 business:	
Number of Employees:	
Business asset value (specify currency):	

Projected Financials

In SCR	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

- If trading for more than one year to provide six months account statement
- AND/OR Business Plan & Cash flow forecast (if applicable)AND/OR
- Last financial audited accounts (if applicable)

SECTION 7: SOLE TRADER DETAILS

Guidance notes:

For Customer Due Diligence, this section is to be completed by the sole trader. Where applicable, we also require details of the beneficial owner to be disclosed.

1. A **beneficial owner** is defined as the natural person(s) who ultimately owns or controls the sole trader's capital and may or may not nominally own the capital themselves. It also includes those persons, other than the sole trader, who exercise ultimate effective control over the sole trader's business or on whose behalf a transaction is conducted.
2. 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.
3. 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 joint partnership, trust or business relations with a PEP.

Full name of sole trader	Effective Interest %	Seychelles Tax Resident	Beneficial Owner	PEP
		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 8: PARTNERS DETAILS

Guidance notes:

This section is to be completed by the partners of the partnership. For Customer Due Diligence purposes, we require details of any partner.

1. A **partner** is defined as any individual who is ultimately entitled to or controls directly or indirectly 20% or more of the capital, profits or voting rights of a partnership.
2. A **beneficial owner** is defined as the natural person(s) who ultimately owns or controls the partnership's capital, profits or voting rights and may or may not nominally own the capital, profits or voting rights themselves. It also includes those persons who exercise ultimate effective control over a legal arrangement or on whose behalf a transaction is conducted.
3. 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.

DETAILS OF PARTNERS

- The above "Guidance Note" can help you to complete the table below.

(I) PARTNERS

	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"/>
8			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 9: BENEFICIAL OWNER DECLARATION

This section is to be completed by the beneficial owner(s). For Customer Due Diligence purposes, we require a beneficial owner declaration as follows:

I/We herein acting on behalf of the above-named customer hereby declare that the beneficial owner(s) is/are strictly limited to the person(s) revealed in the official documents duly submitted to DBS in disclosing the entire ownership/shareholding structure and for Customer Due Diligence purposes.

(If you have ticked “No” in the “Beneficial Owner” column in the above Sole trader / Partner details 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"/>	

SECTION 9: 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

I / We, the undersigned hereby 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 authorise 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

(S)	(S)
Name:	Name:
Title:	Title:
Date:	Date:

(S)	(S)
Name:	Name:
Title:	Title:
Date:	Date:

SECTION II: FOR OFFICE USE ONLY (Do not complete this section)

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

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