



# LEASAFRIC GHANA LIMITED BUSINESS APPLICATION FORM

## APPLICANT DETAILS

Name of Organisation

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Physical Address *(Location to the nearest landmark)*

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No. of years at address \_\_\_\_\_ Phone No(s) \_\_\_\_\_

Postal Address \_\_\_\_\_

FAX NO. \_\_\_\_\_ E-MAIL \_\_\_\_\_

Proposed term for repaying the facility \_\_\_\_\_

Nature of business \_\_\_\_\_

Regis.No. \_\_\_\_\_ Tax ID (TIN) \_\_\_\_\_

Date of Incorporation \_\_\_\_\_ Operation Start Date \_\_\_\_\_

Facility applied for

1. Cedi  Lease- Operating/Corporate/Micro/Consumer/ Auto
2. Dollar  Lease- Operating/Corporate/Micro/Consumer/ Auto
3. Euro  Lease- Operating/Corporate/Micro/Consumer/ Auto

Amount \_\_\_\_\_ ( \_\_\_\_\_ )

Purpose for the request: \_\_\_\_\_

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**BANKING DETAILS**

*(Please state the principal bank that rental payments are likely to be made from)*

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Account type \_\_\_\_\_ Account no. \_\_\_\_\_

Does the company have an overdraft facility? Yes/No

If yes which bank? \_\_\_\_\_ Branch \_\_\_\_\_

Maximum O/D limit \_\_\_\_\_ Current balance \_\_\_\_\_

Secured by \_\_\_\_\_

**Other Banks**

Name of Bank

Branch

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company's auditors: \_\_\_\_\_

**LEASES/LOANS WITH OTHER INSTITUTIONS**

Name Of Institution \_\_\_\_\_

Outstanding Amount \_\_\_\_\_

Outstanding Months \_\_\_\_\_ Currency \_\_\_\_\_

Monthly Payment \_\_\_\_\_

**LEASES WITH LEASAFRIC**

Have you taken any Lease from Leasafric? \_\_\_\_\_

Number of leases taken from LeasAfric \_\_\_\_\_

No. of expired leases \_\_\_\_\_ No. Current Leases \_\_\_\_\_

**Current Leases**

Amount \_\_\_\_\_ Rental \_\_\_\_\_  
Amount \_\_\_\_\_ Rental \_\_\_\_\_  
Amount \_\_\_\_\_ Rental \_\_\_\_\_

**DIRECTORS DETAILS**

<b>Names</b>	<b>Passport/SSN</b>	<b>Residential Address</b>
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**FIVE KEY SUPPLIERS/CUSTOMERS**

<b>NAME OF CO</b>	<b>CONTACT NO</b>	<b>CUSTOMER</b>	<b>CONTACT NO</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Date of application:** \_\_\_\_\_

**Signature:**

**Name:**

**Position:**

(Please provide us with a map to your office)

*Any false information presented shall result in the withdrawal/ cancellation of the facility.*