

SECURED FINANCING APPLICATION FORM
Types of Credit Facilities
 Term Loan

 Overdraft

Collateral
 Fixed Deposit

 Shares

PERSONAL PARTICULARS
Main Applicant
Joint Applicant

 Full Name as in NRIC / Passport: Mr/Mrs/Mdm/Ms/Dr _____ Gender: Male Female

 Full Name as in NRIC / Passport: Mr/Mrs/Mdm/Ms/Dr _____ Gender: Male Female

Date of Birth: (dd/mm/yyyy) _____ NRIC / Passport No: _____

Date of Birth: (dd/mm/yyyy) _____ NRIC / Passport No: _____

 Race: Malay Chinese Indian Others: _____

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 Nationality: Singaporean Singapore PR Others: _____

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 Highest Education Level Attained: Post Grad Degree Diploma 'A' Level 'O' Level Others (Pls specify) _____
 Name of last institution attended: _____

 Highest Education Level Attained: Post Grad Degree Diploma 'A' Level 'O' Level Others (Pls specify) _____
 Name of last institution attended: _____

 Marital Status: Single Married Divorced Widowed

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No. of Dependants & Ages: _____

No. of Dependants & Ages: _____ Relationship with Main Applicant: _____

 Home Address: _____
 Postal Code: _____

 Home Address: _____
 Postal Code: _____

 Ownership Type: Owned Rented Family's Mortgaged Others (Pls specify) _____
 Years stayed: _____ Rental S\$: _____ per month

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 Years stayed: _____ Rental S\$: _____ per month

 Contact No: (Please provide at least 2)
 Home No: _____ Mobile No: _____ Office No: _____
 Email: _____

 Contact No: (Please provide at least 2)
 Home No: _____ Mobile No: _____ Office No: _____
 Email: _____

MAILING ADDRESS

 Mailing Address: same as Main Applicant's Home Address

Postal Code: _____

NOTE: In the case of joint applicants, we agree that this address shall be used for all correspondences between RHB and us subject to RHB Bank's Standard Terms And Conditions Related To Credit And Or Banking

EMPLOYMENT DETAILS

Name of Current Employer: _____

Name of Current Employer: _____

Occupation: _____

Occupation: _____

 Address of Employer: _____
 Postal Code: _____

 Address of Employer: _____
 Postal Code: _____

 Job Status: Salaried Self-Employed Commission-Based Contract

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Industry Type: _____ Gross Monthly Salary (S\$): _____

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Other Income: _____ No. of Years in Service: _____

Other Income: _____ No. of Years in Service: _____

Name of Previous Employer: _____

Name of Previous Employer: _____

No. of Years in Service: _____

No. of Years in Service: _____

FINANCIAL COMMITMENTS

Credit Facility (inclusive of RHB Bank accounts, if any)

MAIN APPLICANT

Bank	Type of Facility*	Security (if any)	Approved Limit	Outstanding Balance	Monthly Payments

JOINT APPLICANT

Bank	Type of Facility*	Security (if any)	Approved Limit	Outstanding Balance	Monthly Payments

* Housing Loan / Personal Loan / Car Loan / Renovation Loan

COLLATERALS OFFERED

Stock Counter/ Fixed Deposit Currency	Number of shares/ Amount	Tenure (applicable to Fixed Deposits only)

UNITED STATES OF AMERICA FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) DECLARATION

Questionnaire on U.S. Indicia

Do you possess any of the following U.S. indicia? Please select accordingly:

	Main Applicant	Joint Applicant
1. U.S. citizen / tax resident? (U.S. passport / green card holder, U.S. taxpayer, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. U.S. place of birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. U.S. address (residence / mailing / P.O Box)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. U.S. telephone number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Standing instructions to pay amounts from this account to an account maintained in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE:

- a) If answer to Q1 is Yes, please complete and provide Form W-9
- b) If any answers from Q2 to Q5 is Yes, please complete and provide Form W-8BEN

I/We hereby confirm I/we understand the FATCA requirements. I/We hereby declare that I am/we are:
(Please tick one box only)

Main Applicant	<input type="checkbox"/> Non-U.S. Individual with no U.S. indicia	<input type="checkbox"/> Non-U.S. Individual with U.S. Indicia (provide Form W-8BEN)	<input type="checkbox"/> U.S. Individual (provide Form W-9)
Joint Applicant	<input type="checkbox"/> Non-U.S. Individual with no U.S. indicia	<input type="checkbox"/> Non-U.S. Individual with U.S. Indicia (provide Form W-8BEN)	<input type="checkbox"/> U.S. Individual (provide Form W-9)

If there is any update to the account information / FATCA status, I/we hereby agree to notify and furnish RHB with the relevant documentary evidence within 30 days of such change. I/We consent to and authorize RHB to perform any of the following, if applicable:

- 1. Withhold any applicable payments in the account
- 2. Report or disclose all relevant information relating to or arising from the account
- 3. Terminate (with prior notice) my/our contractual relationship(s) with RHB

NOTE: You may refer to the FAQs on the FATCA requirements that is available at www.rhbbank.com.sg

DECLARATION AND AUTHORISATION

1. I/We am/are not a bankrupt and no statutory demand has been served on me/us.
2. I/We confirm that all information contained herein and submitted for documentation are true, correct and complete. I/We have not withheld any information that may affect my/our application in any way.
3. I/We agree to:
 - a. Provide additional information and supporting documents from time to time as may be requested by RHB Bank Berhad (RHB);
 - b. Accept the decision of RHB with regard to this application as final. I/We am/are aware that RHB may decline, approve or lower the quantum of the loan applied for and RHB is not under any obligation to me/us to provide any reason for its decision.
 - c. Be liable for all expenses and or charges incurred in relation to this application regardless of whether this application is approved or not.
 - d. RHB, at its own discretion, sending by ordinary mail, any approval letter, cheque(s) issued in disbursement of the loan and all other documents to any of my/our address(es) on RHB's record, at my/our own risk.
4. I/We agree to the collection, use and disclosure of the information provided herein and any other information provided to or obtained by the Bank from time to time for the purposes as set out in the Bank's Terms and Conditions Governing Accounts and the respective products.
5. I/We authorize RHB or RHB's representative to verify information relating to this application from any source without reference to me/us.

Deposit Insurance Scheme

Singapore dollar deposits of non-bank depositors are insured by the Singapore Deposit Insurance Corporation, for up to S\$50,000 in aggregate per depositor per Scheme member by law Foreign currency deposits, dual currency investments, structured deposits and other investment products are not insured

I/We would like to receive from time to time information, updates, special offers and or promotions in relation to products and or services provided by or through RHB Bank Berhad, Singapore (RHB), through: (Please tick accordingly)

Main Applicant: Voice call SMS/MMS

Joint Applicant: Voice call SMS/MMS

Sign here

Signature of Main Applicant

Date :

Sign here

Signature of Joint Applicant

Date :

DOCUMENTS REQUIRED

1. Photocopy of NRIC (front & back) or passport for all applicant(s) and guarantor(s)
2. Income documents:
For salaried employee – latest original computerized pay slip; and latest original Tax Notice of Assessment ; or latest 6 months' CPF Contribution Statement
For self-employed – latest 2 years' Income Tax Notice of Assessment
3. Latest CDP Statement (for Singapore shares)/CDS Statement (for Malaysia shares) – if Shares are pledged as collateral

Note :

- Notices of Assessment can be printed via myTax Portal at www.mytax.iras.gov.sg
- CPF Contribution Statement can be printed via www.cpf.gov.sg

For Bank Use

For Bank Use				
	Main Applicant	Joint Applicant		
Employer Industry Code				
Occupation Code				
Submitted by / Date _____		Name of Sales Officer _____		Name of Referral/NRIC _____
Product / Credit Facility	Credit Limit (\$'000)	Interest Rate (%)	Review Date	MOA (%)

Security:

Comments :

Comments :

Recommended By: _____
Name / Title / Date

Approved/Rejected By: _____
Name / Title / Date