



CARIBBEAN LEASING
Company Limited
Equipping You For Success

151B Charlotte Street, Port of Spain
Tel: 868 627-7074/7095; 624-6604; Fax: 868 623-6665
E-mail: info@clcl.co.tt

APPLICATION FOR LEASE FINANCING

NAME OF BUSINESS:

APPLICANT'S NAME:

BUSINESS INFORMATION

| | | | |
|---|--|--|--|
| NAME OF PRINCIPAL(S) | 1. | 2. | 3. |
| DATE OF BIRTH | _____ | _____ | _____ |
| I.D./DRIVER'S PERMIT NO. (Please provide copy) | _____ | _____ | _____ |
| ADDRESS | _____ | _____ | _____ |
| TEL. NOS | _____ | _____ | _____ |
| E-MAIL ADDRESS | _____ | _____ | _____ |
| POSITION HELD | _____ | _____ | _____ |
| DIRECTOR/PARTNER SHAREHOLDER/ PARTNER | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| OTHER DIRECTORS/PARTNERS | OTHER SHARE HOLDERS/PARTNERS | | |
| 1. | 1. | | |
| 2. | 2. | | |

BUSINESS NAME _____

BUSINESS ADDRESS _____

TYPE OF BUSINESS ACTIVITY _____

TELEPHONE NO: _____

CLASSIFICATION

| | |
|--|-----------------------------------|
| MANUFACTURING <input type="checkbox"/> | SERVICES <input type="checkbox"/> |
| WHOLESALE <input type="checkbox"/> | RETAIL <input type="checkbox"/> |
| AGRICULTURE <input type="checkbox"/> | OTHER <input type="checkbox"/> |

NUMBER OF YEARS IN BUSINESS **NEW**

REGISTERED: YES NO

REGISTRATION NO: _____

INLAND REVENUE NO: _____

NIS NO: _____

VAT REG. NO. _____

SOLE PROP. **PARTNER** **LTD LIAB.**

SPECIFY _____

REFERENCES:

| | | | |
|----------------------|----------------|----------------|----------------|
| TRADE/BANKERS | CONTACT | ADDRESS | TEL. NO |
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |

STATEMENT OF PREVIOUS OR EXISTING CLCL LEASES

| DATE OF APPLICATION | VALUE OF LEASE | EQUIPMENT TYPE |
|---------------------|----------------|----------------|
| | | |
| | | |
| | | |

INDICATE YOUR KEY MANAGEMENT PERSONNEL

GENERAL MANAGER:

(Include level of experience and/or academic qualifications)

MARKETING MANAGER/SUPERVISOR:

(Include level of experience and/or academic qualifications)

PRODUCTION / OPERATIONS MANAGER/SUPRV.:

(Include level of experience and/or academic qualifications)

FINANCE MANAGER/SUPERVISOR:

(Include level of experience and/or academic qualifications)

WHAT BDC FACILITY HAVE YOU BENEFITED FROM

EMPLOYMENT

TOTAL NO. OF EXISTING EMPLOYEES

**PROPOSED ADDITIONAL EMPLOYEES
IF LEASE FINANCING IS ACCESSED**

2. BUSINESS OPERATIONS

2.1 DESCRIPTION

Give brief description of your product or service

2.2 MARKETING

(a) Pricing Strategy

(b) Distribution Strategy (Indicate any contracts etc.)

(c) Promotional Strategy

(d) Major competitors

2.3 **PRODUCTION**

(a) **Major Suppliers of Raw Materials**

| <u>NAME</u> | <u>ADDRESS</u> | <u>TEL. NO</u> | CREDIT | |
|-------------|----------------|----------------|--------|----|
| | | | YES | NO |
| _____ | _____ | _____ | | |
| _____ | _____ | _____ | | |
| _____ | _____ | _____ | | |
| _____ | _____ | _____ | | |

(b) **Production process**

| <u>PRODUCTION STAGE</u> | <u>BRIEF DESCRIPTION OF ACTIVITIES</u> |
|-------------------------|--|
| I. _____ | _____ |
| II. _____ | _____ |
| III. _____ | _____ |
| IV. _____ | _____ |
| V. _____ | _____ |

2.4 **LOCATION**

(a) **Proposed Location of Equipment**

(b) **Landlord Details**

| | |
|----------------------|----------------------|
| Name | Telephone No: |
| <input type="text"/> | <input type="text"/> |
| Address | Contact |
| <input type="text"/> | <input type="text"/> |

NOTE:

1. Any offer of a leasing facility will be subject to a 'Waiver by Landlord' being presented.
2. A copy of the rental agreement or deed is required for the property where the equipment is to be stored.

3. EQUIPMENT JUSTIFICATION

3.1 Explain the rationale for the purchase of new equipment or need for lease financing.

Indicate, inter alia, monthly revenues to be earned or expenses saved or particular set of benefits to be realized.

3.2 EQUIPMENT DETAILS

| Quant- ity | Equipment Description (Model #, Serial # Etc.) | Supplier Name & location | Equipment Cost | Est'd Econ. Life | Est'd Delivery Date |
|---------------|---|--------------------------|----------------|------------------------|---------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
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(Copy this page and continue if the number of items to be listed exceeds the table's capacity).

3.3 EQUIPMENT USE

(a) Describe how the equipment is used within the overall framework of your business's operations

(b) Service and Support - describe where it will come from - Local/Foreign/Warranties/In-house maintenance etc.

CARIBBEAN LEASING COMPANY LIMITED
PERSONAL FINANCIAL STATEMENT

| | | | | | |
|------------------------------------|--|------------------------------------|---------------|-----------------------------|-----------------------------|
| SURNAME | | GIVEN NAME (Mr/Mrs/Ms) | | MIDDLE INITIAL | DATE OF BIRTH DD MM YYYY |
| HOME ADDRESS (No. Of Years.....) | | | PHONE | No. Of Dependents | MARITAL STATUS |
| EMPLOYER (Name) | | ADDRESS: | | | No. Of Years: |
| OCCUPATION | | PREVIOUS EMPLOYER (Name & Address) | | | No. Of Years: |
| BANKERS (Name & Address) | | BANKERS (Name & Address) | | SAVINGS A/C NO: | CHEQUING A/C NO: |
| SPOUSE'S NAME | | OCCUPATION | | DATE OF BIRTH DD MM YYYY | TELEPHONE NO: |
| EMPLOYER (Name & Address) | | | ADDRESS | | No. Of Years |
| LIABILITIES | | | ASSETS | | |
| Caribbean Leasing Co. Ltd. | | | | Cash in Hand | |
| Bank Loans | | | | Cash with Banks | |
| Credit Cards | | | | Debtors | |
| Trade Creditors | | | | Stocks | |
| Other Creditors | | | | Other Liquid Assets | |
| Income & Other Tax | | | | | |
| SUB TOTAL | | | | SUB TOTAL | |
| Long Term Debts: | | | | Investments: | |
| | | | | • Public Company Shares | |
| | | | | • Private Company Shares | |
| | | | | • Other | |
| Mortgages | | | | | |
| Other Loans | | | | Vehicles | |
| | | | | Machinery/Equipment | |
| | | | | Furnishings | |
| TOTAL LIABILITIES (B) | | | | Properties (see overleaf) | |
| SURPLUS / (DEFICIT) (A – B) | | | | | |
| TOTAL | | | | TOTAL (A) | |
| | | | | | |
| | | | | | |
| | | | | | |

I/We declare this Statement to be a complete and true statement of my/our financial position for the purpose of procuring credit from the Caribbean Leasing Company Limited. (For additional particulars required, please see over)

DATE:

SIGNATURE:

1) OTHER BANK LOANS

| CREDITOR | AMOUNT | REPAYMENT ARRANGEMENS ETC. |
|----------|--------|----------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2) INVESTMENTS

| PARTICULARS | NO. OF UNITS/SHARES | COST/ MKT. PRICE | VALUE | FOR CLCL USE |
|-------------|---------------------|------------------|-------|--------------|
| | | | | |
| | | | | |
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3) DETAILS OF PROPERTIES including insurance and if freehold or leasehold, with period of lease still to run. Where property is only partly owned please state total value, extent of your share and of your responsibility for any changes. If mortgaged, state name of mortgagee, amount owing and terms of repayment.

| PARTICULARS OF PROPERTIES | DEED NO. | VALUE | INSURED FOR | FOR CLCL USE |
|---------------------------|----------|-------|-------------|--------------|
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| | | | | |
| | | | | |
| | | | | |

General Manager's Remarks:

CLIENT'S SIGNATURE



151B Charlotte Street,
Port of Spain,
Republic of Trinidad and Tobago

Email: info@clcl.co.tt
Website: www.bdc.co.tt

A subsidiary of the
Business Development Company Limited

Telephone:
(868) 627-7074
(868) 627-7095
(868) 624-6604
Fax:
(868) 623-6665

Consent Clause

I/we authorize and consent to the Caribbean Leasing Company Limited obtaining further information on my/our credit and employment history from any institutional credit bureau or any other person/corporation with whom I/We may have had dealings with from time to time. You are authorized to disclose to any Credit Bureau, collection agencies and other credit grantors any information about my/our credit history. I/We jointly and severally agree to indemnify you against any loss, claims, damages, liabilities actions and proceedings, legal and or other expense which may be directly or reasonably incurred as a consequence of such disclosure on your part.

Name (Print)

Name (Print)

Signature of Applicant

Signature of Co-Applicant

Date

Date



151B Charlotte Street,
Port of Spain,
Republic of Trinidad and Tobago
Email: info@clcl.co.tt
Website: www.bdc.co.tt
A subsidiary of the
Business Development Company Limited

BANK CREDIT ENQUIRY LETTER

Date: _____

CONFIDENTIAL

The Manager

Attention: _____

Dear Sir/Madam:

Subject: _____ **(Business Name)**

We write concerning the above-mentioned client and hereby request an updated credit report as to his financial standing and business integrity.

Listed hereunder are the particulars of the client:

NAME OF PRINCIPAL: _____

COMPANY'S NAME: _____

COMPANY'S ADDRESS: _____

Please be assured that the information provided will be treated with the strictest confidentiality.

We thank you in advance for your assistance and take this opportunity of offering you our services for any similar enquiries you may have.

Yours sincerely,

.....
(CLCL Authorized Officer)

I _____ hereby authorize this request for financial information o.b.o.

_____ (Company name)

.....
(Signature of Principal)

REQUIREMENTS / CHECKLIST

(Please tick the relevant areas before submitting application)

Financial Information

| | |
|--|--|
| 1. Annual financial statements for last three years | |
| 2. Cash Flow Projection for at least two (2) years (with relevant assumptions used to generate figures) | |
| 3. Projected Income & Expenditure Statements for at least two (2) years | |
| 4. Bank Statements (for the last twelve months) | |

Business Registration/Legal documents *(Select your relevant business type and related checklist items)*

| <i>Sole Trader</i> | | <i>Company</i> | |
|--|--|---|--|
| 1. Certificate of Registration | | 1. Certificate of Incorporation 2. Or Cert. of Continuance (Form 18) | |
| | | 3. Articles of Incorporation (Form 1) | |
| <i>Partnership</i> | | 4. Notice of Directors (Form 8) | |
| 1. Registration of Partnership | | 5. Notice of Secretary | |
| 2. Partnership Agreement | | 6. Notice of Address (Form 4) | |
| | | 7. Annual Return (Form 28) | |
| | | 8. Company By-Laws | |
| | | 9. Board Resolution (appointing persons to conduct business on behalf of the company). | |
| Copy of any license or certificate required for operation. | | | |

Other Information

| | |
|---|--|
| 1. Pro forma invoice from supplier written in the name of Caribbean Leasing Company Ltd (with adequate equipment description, model & serial nos. etc.) | |
| 2. Driver's Permit / I.D. card or passport | |
| 3. Copies of existing contracts / letters of intent / other evidence of trade | |
| 4. VAT and Income Tax Clearance | |
| 5. Copy of Rental Agreement/Deed of location where equipment will be stored | |

For Motor Vehicle Applications

| | |
|--|--|
| 1. Name(s) of driver(s). | |
| 2. Copies of their driver's permits (to determine age and driving experience etc). | |
| 3. The number of accidents had by the named driver(s) within the last five years | |
| 4. The business's present insurers | |
| 5. Does the business have any no claim discounts (NCD)? If yes, provide details. | |

