



LEASAFRIC GHANA LIMITED BUSINESS APPLICATION FORM

APPLICANT DETAILS

Name of Organisation

Physical Address *(Location to the nearest landmark)*

Name of Landlord

Address of Landlord

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 _____

Capital Authorised _____ Amount ₵ _____

Capital Issued _____ Amount ₵ _____

Preference shares issued _____ Amount ₵ _____

Ordinary shares issued _____ Amount ₵ _____

Facility applied for

1. Cedi Corporate/Microlease/ AutoLease/Consumer
2. Dollar Coporate/Microlease/Autolease facility
3. Euro Corporate/Microlease/AutoLease Facility

Amount _____ (_____)

Purpose for the request: _____

Physical Location of equipment requested _____

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

Names	Passport/SSN	Residential Address
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SHAREHOLDERS DETAILS

Names	Occupation	# of Shares	Amt Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMPANIES

Local Holding Companies

Directors

Associated Companies

Directors

Subsidiary Companies

Directors

Signed _____ Date _____

Name: _____ Position _____

Please provide the name(s) of any other persons that can be contacted in your absence

Names

Position

Date of application: _____

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