



Trade Finance • Asset Finance
Venture Capital

ASSET FINANCE

(Operating / Finance Lease Facility)

Personal Application

Please ensure the following are submitted together with this form:

1. Copy of ID Cards / Passports of all directors / partners
2. Copy of Company PIN Certificates
3. Bank Statements (last 6 months)
4. Copies of 3 months payslips
5. Latest copy of Electricity / other Utility bill

(FAILURE TO COMPLETE THIS FORM IN FULL WILL **DELAY** YOUR BEING SERVED IN TIME)

A. APPLICANT'S DETAILS

(As appears on ID / Passport; attach photocopy)

1.	NAME	_____
2.	P. O. BOX	_____
	POSTAL CODE:	_____
	CITY / TOWN:	_____
3.	RESIDENTIAL ADDRESS: ROAD	_____
	BLDG:	_____
	HSE NO.:	_____
4.	TELEPHONE NO.	_____
5.	ID / PASSPORT/CERT. OF INCORP. NO.	_____
6.	EMAIL ADDRESS:	_____
7.	MARITAL STATUS:	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/>
		(Tick where applicable)
8.	BANK DETAILS:	
	BANK NAME:	_____
	BRANCH:	_____
	ACCOUNT NO.:	_____
9.	SPOUSE DETAILS:	
	FULL NAMES:	_____
	OCCUPATION:	_____
	EMPLOYER	_____
	TEL. NOS.	_____
10.	NEXT OF KIN:	
	NAME:	_____
	TEL. NO.:	_____
	ADDRESS:	_____

B. EMPLOYMENT DETAILS:

OCCUPATION: _____ AGE: _____ NATIONALITY: _____

EMPLOYMENT DETAILS:
 NAME OF EMPLOYER (If employed): _____

POSITION IN COMPANY: _____

EMPLOYMENT STATUS (Permanent / Casual / Contract etc): _____

EMPLOYER'S ADDRESS: P.O.BOX _____ POSTAL CODE: _____ TOWN/CITY _____

HOW LONG HAVE YOU WORKED FOR YOUR CURRENT EMPLOYER? (If applicable) _____ YRS.

C. BUDGET PLANNER:

MONTHLY INCOME:	
Gross Monthly Salary	
Net Monthly salary after statutory and other deductions	
Spouses earnings after tax/deductions (Attach supporting documents)	
Other income (Attach supporting documents)	
TOTAL MONTHLY INCOME	
MONTHLY EXPENDITURE:	
Mortgage / Rent	
Other Loan repayment	
Insurance	
Other outgoings (Food, clothing, Fuel... etc)	
TOTAL MONTHLY EXPENSES	
TOTAL SURPLUS INCOME	

D. VEHICLE / MACHINERY / EQUIPMENT TO BE PURCHASED

TYPE:	_____
MAKE:	_____
YEAR OF MANUFACTURE:	_____
YEAR OF MANUFACTURE:	_____
NAME OF SUPPLIER:	_____
(Attach Pro-forma invoice)	
EXACT DETAIL FOR WHICH THE ASSET IS REQUIRED:	_____

COST OF ASSET (KShs.):	
Gross Cost:	_____
Less: All discounts	_____
NET COST	_____
Add: Accessories	_____
Any other items	_____
TOTAL COST	_____
Less: Deposit Cash / Cheque	_____
Trade-in value	_____
BALANCE OF COST	_____
REPAYMENT PERIOD: Months
INSURANCE TERMS:	
<ul style="list-style-type: none">▪ Through an insurance company acceptable to InvesteQ CAPITAL.▪ Comprehensive insurance.▪ Machinery /equipment to be insured for all risks cover.	

APPLICANT'S DECLARATION:

I hereby confirm that the information given hereabove is true and complete. I authorise InvesteQ CAPITAL Limited to make any searches or other enquiries in accordance with its normal procedures in connection with this application.

Applicant's Signature: _____

Date: _____