

LIMITED LIABILITY  
ASSET PURCHASE



# DOMINION FINANCE

If we can't help you, no one can!

DOMINION FINANCE LIMITED

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# APPLICANTS GUIDELINE/DECLARATION

I/We the undersigned acknowledge that:

- (A) A Personal Information Form must be completed by all Directors and all Guarantors.
- (B) Applications not completed in full will not be processed.
- (C) A current passport sized photo for all:
  - Directors
  - Guarantors
- (D) A Quotation should accompany all assets being purchased.
- (E) Deposits to be paid on assets to be purchased are to be paid to Dominion Finance Limited.
- (F) A valuation should accompany all assets being offered or to be taken as security.
- (G) Assets charged to DFL to secure borrowings must be insured with premiums paid by the applicants annually in advanced.
- (H) Applications from Limited Liability entities must include
  - Certificate of Registration
  - Latest financial statements (Balance sheet and profit & Loss)
  - Search fee of \$112.50
- (I) In instances where assets or vehicles are to be repaired and I/W intend to seek DFL financial assistance to meet the cost of repairs, I/We shall seek DFL consent prior to contracting any works.

## DATA BUREAU LIMITED (Office Use Only)

Enquiry No.....

No.of Defaults Recorded .....(Data Bureau Print Out to be Attached)

## DECLARATION/AUTHORISATION/UNDERTAKING

- THE COMPANY AND WE AS DIRECTORS DECLARE AND CONFIRM THAT THE COMPANY IS SOLVENT AND ABLE TO PAY ITS JUST DEBTS. FURTHER, THE COMPANY IS NOT IN LIQUIDATION OR UNDER RECEIVERSHIP AND NO WINDING UP ACTION HAS COMMENCED/IS PENDING AGAINST THE COMPANY
- THE COMPANY AND WE AS DIRECTORS AUTHORISE DFCL TO LIST THE COMPANY'S/OUR PERSONAL AND DEFAULT DETAILS ON DATA BUREAU LIMITED WHERE APPLICABLE.
- THE COMPANY AND WE AS DIRECTORS UNDERTAKE TO INSURE THE VEHICLE/ASSETS FINANCED FOR ITS CURRENT MARKET VALUE AND TO PAY THE PREMIUMS ANNUALLY IN ADVANCE.

Signature:.....

Name:.....

Signature:.....

Name:.....



The Directors of (Company name) \_\_\_\_\_ apply for a loan.

Purpose \_\_\_\_\_

\* The Motor Vehicle/Asset is for  Private or  Commercial use (tick one only)

To Be Completed By Applicant

Amount Required: \$.....
Documentation Fee (2%) \$.....
Interest Rate:.....%pa
Term Preferred:.....Mths/Yrs
Repayment Preferred \$.....Mthly/Qtr/Yrly

Security Offered

.....
.....
.....
.....
.....
.....
.....
Total Security.....

TICK IF FILE NOTE DONE

Safety Assessment (Office Use Only)

Signature:.....
Name:.....

For Office Only

\$.....
Required \$.....
Approved \$.....
Documentation Fee:\$.....
Interest Rate:.....%pa
Required Term:.....Mths/Yrs
Required Repayment:.....Mthly/Qtr/Yrly

Security Required

\$(FMV)

\$(LV)

\$..... \$.....
\$..... \$.....
\$..... \$.....
\$..... \$.....
\$..... \$.....
\$..... \$.....
\$..... \$.....
\$..... \$.....
Surplus (Shortfall) \$..... \$.....

Justification (For Office Use Only)

Signature:.....
Name:.....





# FINANCIAL STATEMENTS

## ASSETS AND LIABILITIES STATEMENT

LIABILITIES			ASSETS		
Bank (Overdraft - )			Bank (Savings - )		
Loan			Other		
Credit Union Loan			Credit Union Shares		
Credit Card no:			House Property Purchased / /		
MORTGAGE/VEHICLE LOANS			Other property		
Owing to:					
			Life Policies:		
HIRE PURCHASE					
Owing to:					
			Motor Vehicle Reg:		
Other Liabilities			Other Assets		
			Household Effects \$		
TOTAL LIABILITIES			FNPF \$		
Surplus/(Deficit)					
TOTAL (to agree with total assets)			TOTAL ASSETS		

## MONTHLY INCOME AND EXPENSES

INCOME POSITION			COMMITMENTS		
NET SALARY			House Repayments / Rent		
Self			Other Repayments:		
Spouse					
			Credit Card		
Rental			Hire Purchase:		
Investment					
Taxi			Food		
Other (specify)			FEA & Water		
			Telephone		
			Education & Fares		
			Other:		
TOTAL MONTHLY INCOME					
Less Total Monthly Commitments					
Uncommitted Monthly income			<b>Total Monthly Commitments</b>		

I declare that the above particulars are true and I hereby authorise you to conduct verifications on the same information.

Signature(s) of Applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_

Signature/Name of Witness: \_\_\_\_\_ Date: \_\_\_\_\_



# COMPANY (LIMITED/LTD)

Company Name.....

Registration No.....

Date of Incorporation.....

Registration Office.....

## Contact Details

Address (Business).....

GIS Business Address (For Office Use Only).....

Postal Address .....

Phone Contact .....

Mobile No.....

Fax No.....

Email Address .....

## SHARE CAPITAL

Amount Issued .....

Shares of ..... each

Date of last Annual Return ...../...../.....

Company Secretary .....

## Shareholders

## Shareholding (%)

Name .....

Name .....

Name .....

Name .....

Name .....

## Directors (Personal Information and Statement of Position form must be completed by all Directors)

Name .....

Name .....

Name .....

Name .....

Name .....

