

PARTNERSHIP
ASSET PURCHASE



DOMINION FINANCE

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

DOMINION FINANCE LIMITED

231 Waimanu Road, Suva P.O.Box 3692, Samabula Phone: 331 7744 Facsimile: 331 7977
Email: enquiries@dominionfinance.com.fj Website: www.dominionfinance.com.fj



APPLICANTS GUIDELINE/DECLARATION

We the undersigned acknowledge that:

- (A) Personal Information Forms must be completed by all Applicants, and Guarantors.
- (B) Applications not completed in full will not be processed.
- (C) A current passport sized photo is required from all:
 - Partners
 - 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 applicant annually in advance.
- (H) Applications from Partnerships 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

- WE DECLARE AND CONFIRM THAT NO RECEIVING ORDER/ORDER FOR ADJUDICATION HAS BEEN MADE AGAINST US OUT OF ANY COURT OF COMPETENT JURISDICTION EITHER IN FIJI OR ELSEWHERE AND I FURTHER DECLARE THAT NO LEGAL PROCEEDINGS ARE PENDING AGAINST US IN RESPECT OF ANY DEBT WHICH I ALLEGEDLY OWE EXCEPT THOSE WHICH HAVE BEEN DISCLOSED TO YOU IN WRITING.
- WE AUTHORISE DFCL TO LIST MY/OUR PERSONAL AND DEFAULT DETAILS ON DATA BUREAU LIMITED WHERE APPLICABLE.
- WE UNDERTAKE TO INSURE THE VEHICLE/ASSETS FINANCED FOR ITS CURRENT MARKET VALUE AND TO PAY PREMIUMS ANNUALLY IN ADVANCE.

Signature:.....

Name:.....

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			Total Monthly Commitments		

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: _____



PERSONAL INFORMATION

NOTE
Applicant & Spouse are to attach the following:
1) Recent Passport Size Photo
2) Photocopy of Drivers / Taxi Licence
3) Photocopy of FNPF Card
4) Photocopy of Passport

APPLICANT DETAILS

TITLE	SURNAME	OTHER GIVEN NAMES

OCCUPATION: DATE OF BIRTH: / /

FATHERS NAME:

OCCUPATION:

CONTACTS

PHONE (HOME): MOBILE:

EMAIL ADDRESS:

POSTAL ADDRESS:

RESIDENTIAL ADDRESS:

EMPLOYMENT DETAIL

EMPLOYER: EMPLOYMENT NO:

BUSINESS ADDRESS:

BUSINESS PHONE: FAX:

OFFICE EMAIL:

ADDITIONAL INFORMATION

FNPF No: DRIVERS LICENCE No:

TAXI LICENCE No: PASSPORT No:

SPOUSE DETAILS

TITLE	SURNAME	OTHER GIVEN NAMES

OCCUPATION: DATE OF BIRTH: / /

FATHERS NAME:

OCCUPATION:

CONTACTS

PHONE (HOME): MOBILE:

EMAIL ADDRESS:

POSTAL ADDRESS:

RESIDENTIAL ADDRESS:

EMPLOYMENT DETAILS

EMPLOYER: EMPLOYMENT NO:

BUSINESS ADDRESS:

BUSINESS PHONE: FAX:

OFFICE EMAIL:

ADDITIONAL INFORMATION

FNPF No: DRIVERS LICENCE No:

TAXI LICENCE No: PASSPORT No:



PARTNERSHIP

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

Date of last Annual Return / /

Partnership (A Personal Information and Statement of Position form must be completed by All Partners)

Name.....

Name.....

Name.....

Name.....

