

LIMITED LIABILITY
CASH/WORKING CAPITAL



DOMINION FINANCE

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

DOMINION FINANCE LIMITED

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Email: enquiries@dominionfinance.com.fj Website: www.dominionfinance.com.fj



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

Purpose _____

To Be Completed By Applicant

Amount Required: \$.....

Documentation Fee(2%):.....

Interest Rate:.....%pa

Required Term:.....Mths/Yrs

Repayment Preferred \$.....Mthly/Qtrly/Yrly

For Office Only

Amount Approved \$.....

Documentation Fee: \$.....

Interest Rate:.....%pa

Required Term:.....Mths/Yrs

Required Repayment:.....Mthly/Qtrly/Yrly

Security Offered

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

Security Required

\$(FMV)

\$(LV)

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

TICK IF FILE NOTE DONE

Safety Assessment (Office Use Only)

Justification (For Office Use Only)

Signature:.....

Signature:.....

Name:.....

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: _____



APPLICANTS GUIDELINE/DECLARATION

I/We the undersigned acknowledge that:

- (A) A Personal Information Form must be completed by all Directors Guarantors.
- (B) Applications not completed in full will not be processed.
- (C) A current passport sized photo for all:
 - Directors
 - Guarantors
- (D) A valuation should accompany all assets being offered or to be taken as security.
- (E) Assets charged to DFCL to secure borrowings must be insured with premiums paid dy the applicant annually in advance .
- (F) Applications from Limited Liability entities must include
 - Certificate of Registration
 - Latest finacial statements (Balance sheet and profit & Loss)
 - Search fee of \$112.50

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.

Signature:.....

Name:.....

Signature:.....

Name:.....



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:



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 Divided into

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

