|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | | | | |
| **Name of Business** | **BIR Number** | | **Business Registration Date**   Click or tap to enter a date. | |
| **Physical Address of Business** | | | | |
| **Telephone Number** | | **Facsimile Number** | | **Email Address of Contact** |

**SECTION A - COMPANY DETAILS**

1. **Kindly outline a schedule of essential needs payables to be paid on the *attached excel spreadsheet – Attachment A***
2. **Kindly outline essential items that are purchased from local manufacturers on the *attached excel spreadsheet –* *Attachment B supported by a recent invoice/PO per supplier listed.***
3. **List the essential products offered by the company**
4. **Category- Select the Category that best describes your company:**

**Manufacturer  Value Added Customer  Import Substitution** **Strictly Importer**

1. **Number of employees:**
2. **Estimated Monthly import payable in USD:**
3. **Total Value of Exports (IF APPLICABLE)**

**Please enter the value of exports for the last three financial years as per financial statements**

|  |  |  |
| --- | --- | --- |
| **Financial Year Ending (insert year)** | **Financial Year Ending (insert year)** | **Financial Year Ending (insert year)** |
|  |  |  |
|  |  |  |

**SECTION B– BANKING INFORMATION AND FOREX DETAILS**

**Provide details on the relationship with main financial institution**

|  |  |  |
| --- | --- | --- |
| **Bank Name** | | |
| **Address** | | |
| **TOTAL USD OBTAINED ANNUALLY IN LAST THREE YEARS** | | |
| **YEAR 1** | **YEAR 2** | **YEAR 3** |

**SECTION C - DETAILS ON OWNERS, DIRECTORS, OFFICERS AND SIGNING AUTHORITY**

**Specify the names and titles and provide a specimen signature of the persons**

1. **Acting on behalf of the company.**
2. **Required to sign this and other future documents with the bank.**
3. **Specify the names and titles and provide a specimen signature of the persons authorized to give instructions, verifications, approvals (signature) of transactions with the bank.**

|  |  |  |
| --- | --- | --- |
| **NAME** | **TITLE** | **SPECIMEN SIGNATURE** |
|  |  | **X** |
|  |  | **X** |
|  |  | **X** |
|  |  | **X** |

**Specify the names and titles and provide a specimen signature of the persons authorized to give instructions, verifications, approvals (signature) of transactions with the bank. Provide copies of two (2) forms of valid photo identification for all individuals listed above.**

**By signing below your directors/ Officers/ signing authority certify to the bank and authorize/agree to the following: -**

1. **The information recorded on this application is true and complete**
2. **You have correctly and completely disclosed the owners, the title holders of the company and persons who at this time are authorized to perform actions set out above on behalf of the company.**
3. **Formal notification of any changes in the information provided above will be submitted to the bank.**
4. **This information can be shared with statutory bodies and external professional institutions that perform reviews and report to statutory bodies.**
5. **Importers/Distributors must provide evidence that they have given preference to locally manufactured products before they can access funding to import same**
6. **Forex allocations are “subject to availability”**
7. **This facility is only to be utilised for the purchase of essential items, as outlined in the Government’s Approved Essential Items Listing.**
8. **The bank can terminate this agreement at any time by written notice, that may or may not include a reason. A decision to terminate will only occur where there are justifiable, financial, or legal reasons to do so, for example: -**

**a) Our obligations under applicable laws, regulations, and regulatory requirements,**

**b) Where the customer acts or is suspected to act fraudulently or with negligence,**

**c) Constraints imposed by a controlling authority of the bank**

**d) The client has not utilized the facility in a timely manner or to accepted banking practices.**

1. **The bank may at any time, with written notice, adjust the fees included for transactions. These fees are relevant to our correspondent banks and are charged to facilitate the remittance of funds, all changes will be transferred accordingly.**
2. **Access to this facility will cease, if Eximbank is notified by the relevant authorities that the client company is engaged in “price gouging” activity.**

**Note :- A minimum of two (2) authorized persons must sign this application where the client has two or more authorized signatories.**

|  |  |  |
| --- | --- | --- |
| NAME: | SIGNATURE: | DATE: |
| NAME: | SIGNATURE: | DATE: |

**SECTION D -ADDITIONAL INFORMATION** **In addition to the above requests, the bank requires a hardcopy of the following information:**

|  |
| --- |
| ***IMMEDIATE REQUIREMENT*** |
| Completed Customer Application Form (*This Eximbank Form*) |
| Copy of Company's most recent Annual Return and all related Annual Returns until a Beneficiary Owner is identified. *(Where applicable, if the bank is not satisfied with the information submitted in determining the beneficial owner, additional information will be subsequently requested.)* |
| Signed Forex Fax Com Agreement (Exim Document) |
| Audited Financial Statements/Accountant's Report for the last three (3) years |
| Primary Banker’s Reference Letter |
| V.A.T Registration |
| Provide listing and copies of two (2) forms of valid photo identification for the authorized signatories and each majority owner/shareholder of the company (10% ownership or greater) |

|  |  |  |
| --- | --- | --- |
| **FOR OFFICIAL USE ONLY** | | |
| **CUSTOMER NAME:** | | |
| **APPROXIMATE LIMIT BASED ON PAYABLES SCHEDULE IN SECTION A1:** | | |
| All Compliance Documents Received and in Order | Beneficiary Owner Verified | Essential Need Customer Verified |
| REVIEWER: | SIGNATURE: | DATE : |
| RECOMMENDED BY: | SIGNATURE: | DATE : |
| APPROVED BY: | SIGNATURE: | DATE : |
| COMMENTS: | | |