

HCB Trust Ek. för.

Please print form and fill in the relevant information and send to HCB Trust Ek. för., Solna Strandväg 78, 171 54 Stockholm, Sweden or fax to +46 (0)8 5052-1010.

Auto Loan Application Form

Individual Applicant(s)

Are you an existing member of HCB Trust Ek. för.? Yes No

1. Details of Vehicle to be Financed				
Make and Model:				
Usage	<input type="checkbox"/> Personal	<input type="checkbox"/> For Commercial		
Model	<input type="checkbox"/> Coupe (2 Doors)	<input type="checkbox"/> Sedan (4 Doors)	<input type="checkbox"/> SUV	<input type="checkbox"/> Others, please specify _____
Capacity	<input type="checkbox"/> Below 1,000 cc	<input type="checkbox"/> 1 – 2,000 cc	<input type="checkbox"/> 2 – 3,000 cc	<input type="checkbox"/> Others, please specify _____
Type	<input type="checkbox"/> New	<input type="checkbox"/> Used	No. of Years _____	
Engine No.	_____		_____	
Chassis No.	_____		Year of Manufacture _____	

2. Financing Requirements	
Purpose	<input type="checkbox"/> New Purchase <input type="checkbox"/> Refinancing
Purchase Price/ O/s Loan	US\$ _____ Loan Tenure _____ years
Other Details (if any)	<input type="checkbox"/> Cash Rebate / Discount US\$ _____
Loan Required	<input type="checkbox"/> Term Loan :U S\$ _____ <input type="checkbox"/> Deposits: US\$ _____
Payment Mode	<input type="checkbox"/> Fully serviced by Cash <input type="checkbox"/> Fully serviced by retirement funds (RF)
	<input type="checkbox"/> Partial payment by cash/RF _____

3. Personal Data	Main Applicant	Joint Applicant (To be completed for joint application only)
Full Name as in ID/PP (Please underline F/name)	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mdm <input type="checkbox"/> Mrs <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mdm <input type="checkbox"/> Mrs <input type="checkbox"/> Dr
Alias (if applicable)		
ID/PP No.		
Date of Birth (dd/mm/yyyy)		
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
No. of Dependant(s)		
Citizenship	<input type="checkbox"/> Swedish <input type="checkbox"/> Foreigner	<input type="checkbox"/> Swedish <input type="checkbox"/> Foreigner
Nationality (For non-Swedish only)		
Highest Education	<input type="checkbox"/> PhD <input type="checkbox"/> Masters <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> High School <input type="checkbox"/> Others	<input type="checkbox"/> PhD <input type="checkbox"/> Masters <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> High School <input type="checkbox"/> others
Residential Address		
Telephone	Office _____ HP _____ Postal/Zip Code _____	Office _____ HP _____ Postal/Zip Code _____
Foreign Address (For non-Swedish only)		
Email Address		
Type of Residence		
Residential Ownership	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Parents' <input type="checkbox"/> Relatives' <input type="checkbox"/> Mortgaged <input type="checkbox"/> Employers'	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Parents' <input type="checkbox"/> Relatives' <input type="checkbox"/> Mortgaged <input type="checkbox"/> Employers'
	(If rented, rent paid per month : US\$ _____)	(If rented, rent paid per month : US\$ _____)
Years of Residence		
Car Ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address	<input type="checkbox"/> Home <input type="checkbox"/> Office	Relationship to main applicant _____

4. Employment Data

Self-employed	<input type="checkbox"/> No <input type="checkbox"/> Yes, number of employees _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, number of employees _____
Name of Employer/ Business		
Office Address	Postal Code	Postal Code
Position/ Job Title		
Length of Employment/ Business	yrs mths	yrs mths
Type of Industry		
Professional Grade		
Income	Annual income US\$ _____ Monthly commission/ freelance income US\$ _____ Monthly salary + fixed allowance US\$ _____ Other regular monthly income US\$ _____ Other sources of income (eg. rental) _____	Annual income US\$ _____ Monthly commission/ freelance income US\$ _____ Monthly salary + fixed allowance US\$ _____ Other regular monthly income US\$ _____ Other sources of income (eg. rental) _____
Income Structure	<input type="checkbox"/> Fully salaried <input type="checkbox"/> Fully commissioned <input type="checkbox"/> Salary with commission of 20% or less <input type="checkbox"/> Salary with commission above 20% <input type="checkbox"/> Freelance/ part-time	<input type="checkbox"/> Fully salaried <input type="checkbox"/> Fully commissioned <input type="checkbox"/> Salary with commission of 20% or less <input type="checkbox"/> Salary with commission above 20% <input type="checkbox"/> Freelance/ part-time
If you have been in your present job for less than 2 years, please provide the following details:		
Previous Employer Name/Business		
Years in Previous Job		

5. Credit References

Credit Card(s) Details	Card Issuer	Member Since			Card Issuer	Member Since		
	1.				1.			
	2.				2.			
Bank Loan Details	Financial Institution	Type of Facility	Loan Amount	Monthly Payment	Financial Institution	Type of Facility	Loan Amount	Monthly Payment
	1.				1.			
	2.				2.			

6. Documentary Requirements

Latest Income Tax Returns (For self-employed, two years of Assessments is required) Or Copy of latest computerized payslip	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of ID/PP (front & back) – including guarantor(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last 3 months' bank statements	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Latest 6 months' property loan statement for refinancing of property loan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sale & Purchase Agreement or Option for Purchase for properties	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of tenancy agreement (s) for investment properties	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Declarations

By submitting this application, I hereby represent and warrant that:

- All information about me (if any) stated in this application is true, complete and correct in all respects.
- Authorize you to verify the information about me (if any) in the application, to request and/or receive any other information about me, and to exchange and/or provide any information about me, including (without limitation) submitting information to and requesting reports from any consumer credit bureau or reference agency at any time. I understand that information provided to a consumer credit bureau or reference agency will be available to other organizations for their credit decisioning (which expression includes (without limitation) any decisioning as to whether or not to grant, continue, or revise the terms of, any credit facilities to me or any person for whom I stand as surety or guarantor).

I also understand that a consumer credit bureau or reference agency, in providing information to other organizations, may disclose the fact that you have requested report(s) about me from such bureau or agency.

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Name:
ID/PP No.
Date:

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Name:
ID/PP No.
Date