

# 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.

## Property Loan Application Form

Individual Applicant(s)

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

1. Details of Property to be Financed			
Address _____			
Usage	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> For Investment. Existing tenancy with monthly rent US\$ _____ for _____ years from _____	
Type	<input type="checkbox"/> Retail	<input type="checkbox"/> Office	<input type="checkbox"/> Industrial <input type="checkbox"/> Others, please specify _____
Land	<input type="checkbox"/> State	<input type="checkbox"/> Private	<input type="checkbox"/> Others, please specify _____
Tenure	<input type="checkbox"/> Freehold	<input type="checkbox"/> Leasehold _____ years from _____ subject to _____	
Built-in Area	_____ sqm/ sqft	Status of Property	<input type="checkbox"/> Completed <input type="checkbox"/> Uncompleted
Land Area	_____ sqm/ sqft	Completion/ TOP Date	_____

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\$ _____	<input type="checkbox"/> Legal Subsidy / Stamp Fee Subsidy US\$ _____	
	<input type="checkbox"/> Renovation Grant US\$ _____	<input type="checkbox"/> Others, pls indicate _____ US\$	
Loan Required	<input type="checkbox"/> Term Loan : U S\$ _____	<input type="checkbox"/> Overdraft : 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		
	Postal/Zip Code _____	Postal/Zip Code _____
Telephone	Office _____ HP _____	Office _____ HP _____
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) <b>Or</b> Copy of latest computerized payslip	<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
Last 3 months' bank statements	<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
Sale & Purchase Agreement or Option for Purchase for properties	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of tenancy agreement (s) for investment properties	<input type="checkbox"/> Yes	<input type="checkbox"/> No

7. Declarations	
<p>By submitting this application, I hereby represent and warrant that:</p> <p>a) All information about me (if any) stated in this application is true, complete and correct in all respects.</p> <p>b) 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).</p> <p>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.</p>	
Name: _____ ID/PP No. _____ Date: _____	Name: _____ ID/PP No. _____ Date: _____