



**SAVINGS A/C**  
**No.....**  
**BRANCH.....**  
**DATE.....**  
**MIS CODE.....**  
**DEALER/SELLER.....**  
**BRANCH.....**  
**SALESPERSON.....**

**ASSET FINANCE APPLICATION FORM**

**A: GENERAL DETAILS**

APPLICANT'S NAME (S)			ID, PASSPORT, CERT.OF REG./INC	P.I.N NO.
P.O.BOX			CODE	TOWN.
PHONE NO(S)			PHYSICAL ADDRESS (LOCATION & ROAD)	
OWNER: <input type="checkbox"/>	TENANT: <input type="checkbox"/>	MOBILE NO(S).....EMAIL .....		
IF TENANT:	NAME OF LANDLORD	P.O BOX	PHONE NO(S).	
CODE.....				

**B: BANK DETAILS**

DO YOU HAVE AN ACCOUNT WITH UWEZO DTM LTD YES:  NO:

IF YES, PLEASE INDICATE THE ACCOUNT NUMBER .....

HAVE YOU BORROWED FROM UWEZO DTMLTD BEFORE YES:  NO:

ANY OTHER RELATED ACCOUNT(S) AT UWEZO DTM LTD.....

**C: OTHER DETAILS**

MAIN BUSINESS ACTIVITY..... YEAR ESTABLISHED.....

PURPOSE / USE OF ASSET BEING PURCHASED.....

**D: APPLICANT'S OTHER BANK DETAILS (AMOUNTS IN KSHS)-  
 ATTACH CERTIFIED COPIES OF THESE STATEMENTS TO STRENGTHEN YOUR PROPOSAL .**

NAME	BANK	A/C NUMBER	OVERDRAFT LIMIT	OUTSTANDING LOANS
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

**E: EXISTING VEHICLES/ MACHINERY ( If more than 5 indicate on a separate sheet in the order below)**

VEHICLE REG. NO.	MAKE	MODEL	BAL.OF LOAN/HP (If any) (KSHS)	FINANCE BY
1. ....	.....	.....	.....	.....
2. ....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....
4. ....	.....	.....	.....	.....
5. ....	.....	.....	.....	.....

**F: EXISTING PROPERTIES (If more than 3 indicate on a separate sheet in the order below)**

RESIDENTIAL/COMMERCIAL/ INDUSTRIAL/AGRICULTURAL	SIZE	TOWN/AREA	L/RNO.	TYPE OF INTEREST	ESTIMATE VALUE(KSHS)
1. ....	.....	.....	.....	.....	.....



2. ....  
 3. ....

**G: TOTAL INCOME (INCLUDING RENT)**

AVERAGE MONTHLY INCOME KSHS. ....  
 AVERAGE MONTHLY PROFIT KSHS. ....

**H: ADDITIONAL INFORMATION TO BE GIVEN BY LIMITED COMPANIES & PARTNERSHIPS**

NAMES OF DIRECTORS/PARTNERS  
 1. .... 3. ....  
 2. .... 4. ....

**I: ADDITIONAL INFORMATION TO BE GIVEN BY INDIVIDUAL APPLICANTS ONLY**

YOUR OCCUPATION..... PHONE NO. .... AGE..... NATIONALITY.....  
 NAME OF EMPLOYER..... P.O BOX .....  
 HOW LONG HAVE YOU WORKED FOR YOUR CURRENT EMPLOYER? ..... (YEARS)  
 WIFE/HUSBAND: NAME ..... OCCUPATION ..... EMPLOYER .....  
 RESIDENTIAL ADDRESS (Please indicate location & road).....

**J: ASSET TO BE PURCHASED**

Make.....	KSHS.
Model.....	Gross cost: .. ..
Year Of Manufacture.....	
New/ Used.....	Less: all discounts .. ..
	Net cost: .. ..
	Add: Accessories (specify) .. ..
	Any Other Items (specify).....
	Total cost .. ..
	Less: Deposit cash/cheque .. ..
	Trade-in value .. ..
	Balance of cost .. ..
	Repayment period..... months

**IMPORTANT NOTICES**

1. A comprehensive (or appropriate) Insurance cover should be taken. You may choose the underwriter from our list of acceptable Insurance Companies.
2. Approvals valid for 120 days from approval date, or otherwise as advised by the DTM.
3. Goods delivered to customer without the written consent of the DTM will be at dealer's/ seller's discretion and risk.

**K: WOULD YOU LIKE UWEZO TO FINANCE THE INSURANCE PREMIUM?** YES



Applicant's signatures .....  
(Apply rubber stamp as well if a business)

Date .....