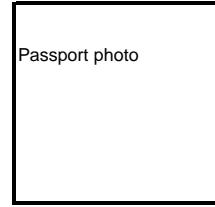


# ASL Credit - Requirements

The Directors,  
ASL Credit Limited,  
P.O Box 18092 -00500  
Nairobi.



Dear Sir,

Re: Request for HP facility for purchase of \_\_\_\_\_

**In connection with this application and / or maintaining facility with you, we authorize you to carry out credit checks with or obtain our credit information from, a credit reference bureau. In the event of the account going into default, we consent to forward our name, transaction and default details to a credit reference bureau for listing. We acknowledge that this information may be used by the financial institutions in assessing our application for granting credit and for the purpose of evaluating our credit worthiness or for any other lawful purpose.**

Name of Company: \_\_\_\_\_

Directors/Partners/Proprietor/Indv: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone No's: \_\_\_\_\_

Email Address: \_\_\_\_\_

Residential Physical Address: \_\_\_\_\_

Office Physical Address: \_\_\_\_\_

Reference: \_\_\_\_\_

M/V Dealer: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_

Value of Vehicle: \_\_\_\_\_

Down Payment: \_\_\_\_\_

Amount to Finance: \_\_\_\_\_

Term of Payment: \_\_\_\_\_

Purpose of Vehicle / Loan: \_\_\_\_\_

Type of Business: \_\_\_\_\_

If Employed: \_\_\_\_\_

Additional Security: \_\_\_\_\_

Total Fleet of Vehicles: \_\_\_\_\_

This is to certify that I/We have read all the terms and condition of the application and I/We would like to submit my/our application for

Yours Faithfully,

\_\_\_\_\_  
Date:

**Our Requirements:  
Limited Co.**

\* Copies of latest Annual Returns along with the ROC receipt/Memorandum & Articles of Association (**incase of a new Co. and annual returns are not done**), Identity Cards (Directors) Cert. of Incorporation, PIN and Bank statements for the last 3/6Months, Audited Accounts, Proforma Invoice in joint names.

**Partners/Proprietor**

\* Copies of Business Registration, Identity Cards (Partners), PIN and Bank statements for the last 3/6Months, Proforma Invoice in joint names.

**Employed:**

\* Copies of Identity Card, PIN and pay slips for the last 3/6Months Proforma Invoice in joint names

**\*For Old vehicle:**

Valuation Report / Copies of logbooks / Insured values

**Contact:** ASL Credit Limited,  
**Tel:** 2054138/9  
**Fax:** 2054126  
**Cell:** 0705-633343/0738-189724