



CREDIT APPLICATION

To: Business Office
Patient Accounts/Debt Management Section
KK Women's and Children's Hospital Pte. Ltd.
100 Bukit Timah Road
Singapore 229899

COMPANY NAME : _____
 TRADESTYLES : _____
 SUBSIDIARY OF : _____
 ADDRESS : _____

 Singapore
 TELEPHONE : _____
 FACSIMILE : _____
 WEB PAGE : _____
 EMAIL : _____

START YEAR : _____
 EMPLOYEES (TOTAL) : _____
 COURT ACTION : YES / NO *
 If Yes, please provide following details
 Action : _____
 Plaintiff : _____
 Amount : _____
 Date : _____
 File No: : _____
 Cause : _____
 CHIEF EXECUTIVE : _____

REGISTRATION DETAILS

LEGAL STRUCTURE : _____
 DATE OF INCORPORATION : _____
 REGISTRATION BODY : _____
 FILE NUMBER : _____
 COUNTRY OF INCORPORATION : _____
 REGISTERED ADDRESS : _____



STATUS : _____
 LAST AGM DATE : _____
 LAST ANNUAL RETURN DATE : _____
 LAST FINANCIAL STATEMENT DATE : _____
 ANNUAL SALES : _____
 CURRENT AUDITOR(S) : _____
 :

CAPITAL DETAILS

PAID-UP CAPITAL : SGD _____
 ACCUMMULATED PROFIT : SGD _____

CHANGES IN LEGAL NAME

ORIGINAL NAME : _____
 CHANGE TO : _____
 DATE OF CHANGE : _____

SHAREHOLDER (S)

Name of Major Shareholders	Location	No.of Shares	Value	Currency	% Held
1.					
2.					
Total					

BANKING DETAILS

BANK NAME : _____
 ADDRESS : _____

TELEPHONE : _____
 ACCOUNT OFFICER : _____
 CURRENT A/C NO. : _____

BANK NAME : _____
 ADDRESS : _____

TELEPHONE : _____
 ACCOUNT OFFICER : _____
 CURRENT A/C NO. : _____



CREDIT ESTABLISHED WITH OTHER PRIVATE/RESTRUCTURED HOSPITALS

HOSPITAL NAME : _____
 ADDRESS : _____
 CONTACT PERSON : _____
 TELEPHONE : _____
 CREDIT ESTABLISHED ON : _____

HOSPITAL NAME : _____
 ADDRESS : _____
 CONTACT PERSON : _____
 TELEPHONE : _____
 CREDIT ESTABLISHED ON : _____

TO ATTACH FINANCIAL STATEMENT (LAST YEAR) & BUSINESS PROFILE (CURRENT)**

Financial Statement Year	Audited YES / NO *	Name of Auditor

ISSUE OF LETTER OF GUARANTEE (LOG)

If your credit application is approved, please visit our website to download the LOG template. The LOG is to be printed on your company's letterhead and either mail to us or facsimile to 6394 2365 or 6394 2496.

The above information provided by:

NAME : _____
 TITLE : _____
 SIGNATURE : _____

DATE : _____

 Company Stamp

* Delete whichever is not applicable

** Latest Instant Business Information available from ACRA website at www.acra.gov.sg.

FOR OFFICE USE ONLY:

Term Recommended: _____(BOE) Term Approved _____(BOM)