

Leasing Application for Company

Lessee

Company name		Registration No.	
Legal address		Town, parish	Postal code
Actual address		Town, parish	Postal code
Telephone	Fax	Mobile phone	E-mail
Main areas of business, industry:			
		Incorporation year	Number of employees
Name of bank		Account No. LV	
Signatory of agreement		Personal ID number: <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	
Title		Basis for signing authority	

Owners (shareholders)

Company name / Name, surname	Share percentage / amount	Registration No. / personal ID number

Information on leased asset

Name (make)	Model	Year of manufacture
Purchase price	Term of leasing	Advance payment
Residual value		Planned mileage
	<i>(in case of operational leasing)</i>	<i>(in case of operational leasing)</i>
Place of storage of leased asset		

Seller of leased asset

Company name /	Registration No./
Name, surname	Personal ID number <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>

Current liabilities to creditors (credit, leasing, guarantee)

Creditor	Liability type	Balance	Interest rate	Monthly installment	Maturity date

The applicant or its representative hereby certifies to TKB Lizings, Ltd that information indicated above and enclosed with the application is true, complete and accurate. By signing this application the applicant agrees that TKB Lizings, Ltd is entitled to inquire and receive from Trasta Komerbanka, JSC or any third party (incl. credit institutions, insurance companies, registers, and other institutions) data on the applicant, his/her accounts and performed transactions, and the applicant hereby asks the said institutions to provide requested information upon first demand from TKB Lizings, Ltd.

Information furnished by the applicant is deemed confidential, and the contents of this document cannot be disclosed to third parties otherwise than in the manner prescribed by law.

Name, surname _____ Signature _____

Title _____ Date _____

PLEASE MAKE SURE THAT YOU HAVE THE FOLLOWING REQUIRED DOCUMENTS:

1. Registration certificate, Articles of Incorporation, founding protocol.
2. Copy of passport of the signatory, and a document evidencing granted signing authority.
3. Audited last year annual report (with explanation of balance sheet items, and a profit / loss statement).
4. This year last quarter operational balance sheet with explanation of balance sheet items, and a profit / loss statement.

TKB Lizings, Ltd _____

If you have questions, please contact TKB Lizings, Ltd: information telephone: 67027762, fax: 67027738
e-mail: lizings@tkb.lv, Legal address: 9 Miesnieku Street, Riga, LV-1050