



**TUNG SHIN HOSPITAL**  
 No. 102, Jalan Pudu, 55100 Kuala Lumpur.  
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CRE-001  
 Rev: 1

**CREDIT FACILITIES APPLICATION FORM**

**Credit Control Dept.**  
 Tung Shin Hospital  
 No. 102, Jalan Pudu  
 55100 Kuala Lumpur

**RE : APPLICATION FOR CREDIT FACILITIES**

I / We wish to apply for the above facility and state herewith the required information to support my / our application :

- 1) Name of Registered Business : .....
- 2) Address of Business : .....  
 .....  
 .....
- 3) Business Registration / Company No. : .....
- 4) Date of Registration : .....
- 5) Telephone Numbers : .....
- 6) Facsimile Numbers : .....
- 7) Paid-Up Capital (Latest) : RM .....
- 8) Reserve (Latest) : RM .....
- 9) Nature of Business : .....
- 10) Turnover / Sales per annum : RM .....

11) Name and Address of Proprietor / Partners / Directors :

|    | Name | Address | IC No. |
|----|------|---------|--------|
| a) |      |         |        |
| b) |      |         |        |
| c) |      |         |        |
| d) |      |         |        |
| e) |      |         |        |
| f) |      |         |        |

12) Bankers Reference :

|    | Name | Address | Account No. |
|----|------|---------|-------------|
| a) |      |         |             |
| b) |      |         |             |
| c) |      |         |             |

13) Trade Creditors Reference :

|    | Name | Address | Credit Given |
|----|------|---------|--------------|
| a) |      |         |              |
| b) |      |         |              |
| c) |      |         |              |
| d) |      |         |              |
| e) |      |         |              |

14) Holdings Company / Subsidiary Companies / Others Offices / Branches :

|    | Name | Address | Tel. No. |
|----|------|---------|----------|
| a) |      |         |          |
| b) |      |         |          |
| c) |      |         |          |
| d) |      |         |          |
| e) |      |         |          |

15) Other information that may assist this application :

.....  
.....

16) Total Number of Employees and Dependants (if applicable) in your Establishment :

.....

17) Credit Amount Required : RM .....

I / We hereby certify and declare that the above particulars given are true and correct. I / We agree that the granting of this facility shall be at the discretion of the Hospital.

**Important :**

**Kindly ensure that the following documents are attached with this application form.**

1. Memorandum & Articles of Association
2. Form 24 & 49
3. Latest audited A/C (3 years)

Yours Faithfully,

.....

Authorised Signature

Name : .....

Designation : .....

Date : .....

Company Stamp :

**FOR OFFICE USE ONLY**

Name of Company :

Credit Granted : Yes / No

Credit Limit Granted : RM ..... (Year / Month)

Credit Term : 30 Days / 45 Days / 60 Days or Other (..... Days)

Financial Status :  Large  Medium  Small  
Criteria : (Profit : Large - more than RM1 mil, Medium - more than RM500K, small - less than RM500K)

Market Reputation :  Good  Average  Bad  
 Newly Established

Credit Risks :  Very Good  Good  Average  
 Poor

Recommendations / Comments : .....

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.....

.....

Approval Signature : .....  
(Name)

Date : .....