



INFORMATION OF THE APPLICANT			
Name	Register code	Field of activity	E-mail
Legal address	Postal address		Number of employees
CEO of the company	Phone	Fax	
Number of the account with AS TBB pank		Monthly average turnover	
Accounts with other banks		Monthly average turnover	

INFORMATION OF THE OWNERS (over 10%)			
Name	Ownership, %	Name	Ownership, %

SUBSIDIARY AND AFFILIATED COMPANIES	
yes <input type="checkbox"/>	List them _____
no <input type="checkbox"/>	

EXISTING FINANCIAL OBLIGATIONS						
Type of obligation	Creditor	Amount	Outstanding	Final Maturity	%	Collateral

REQUIRED FINANCING						
Overdraft <input type="checkbox"/>	Working capital loan <input type="checkbox"/>	Investment loan <input type="checkbox"/>	Start-up loan <input type="checkbox"/>			
Loans amount	Currency	Maturity (years)	Interest rate	fixed <input type="checkbox"/>	floating <input type="checkbox"/>	
Grace period	Desired repayment schedule		Annuity <input type="checkbox"/>	Linear <input type="checkbox"/>		

LOAN PURPOSE

PROPOSED MAIN COLLATERALS
Collateral details, location, owner, market value, appraiser

PROPOSED ADDITIONAL COLLATERALS
Collateral details, location, owner, market value, appraiser

By signing this application I certify that all the information given above is correct and has a documentary evidence at bank's request.
 Date " ____ " ____ y. The enterprise representative's signature _____
 When providing a false data, bank has the right to reject the loan application or terminate the existing agreement due to its breach.

FILLED BY THE BANK	
Application was accepted:	Bank representative's name _____
Date " ____ " ____ y.	Bank representative's signature _____

AS TBB pank offices					
Vana-Viru kontor	Vana-Viru 7	15097	Tallinn	tel. (372) 6688 000	tel. (372) 6688 001
Estonia pst. peakontor	Estonia pst. 3/5	10043	Tallinn	tel. (372) 6688 060	tel. (372) 6688 065
Narva kontor	Kerese 4	20304	Narva	tel. (372) 3324 146	tel. (372) 6688 056