

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 Tallinn Business Bank		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 _____	Working capital loan _____	Investment loan _____	Start-up loan _____
Loans amount	Currency	Maturity (years)	Interest rate fixed _____ floating _____
Grace period	Desired repayment schedule Annuity _____ Linear _____		

LOAN PURPOSE

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

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

<input type="checkbox"/>	I confirm that I have reviewed the general terms and conditions of the bank and the Client Data Processing Principles, which are available on the website of the bank <a href="http://www.tbb.ee">www.tbb.ee</a>
<input type="checkbox"/>	I give my consent to the forwarding of my data to the third parties specified in the Client Data Processing Principles
<input type="checkbox"/>	I give my consent to the processing of the data and I am aware of the possibility to withdraw my consent
<input type="checkbox"/>	I would like to receive electronically additional information about the products and services of AS TBB pank and its partners and I give my consent to the sending offers

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