

LMC EMI Case Assessment Sheet for Limited Companies / Corporations

Applicant Details

Name Of The Applicant :	Name of Dealership :
CNIC :	Outstanding Principle :
Contact # :	City :

Document Check List for Limited Companies / Corporations

- | | |
|---|--------------------------|
| • Clear and Visible Copy of Valid CNIC/SNIC/NICOP/SNICOP/POC | <input type="checkbox"/> |
| • 2 recent passport size photographs | <input type="checkbox"/> |
| • NTN / Tax Certificate of the business entity | <input type="checkbox"/> |
| • Minimum 3 years continuous involvement in current business / industry | <input type="checkbox"/> |
| • The Applicant should be the Proprietor, partner or director of the Company. | <input type="checkbox"/> |
| • Official business profile of the Company | <input type="checkbox"/> |
| • Last six months credited income bank statement of the individual Applicant | <input type="checkbox"/> |
| • Latest financial statement of the business entity | <input type="checkbox"/> |
| • 3 years Balance sheet/cash flows/PLS/Net equity, Audited from chartered accountant firm. | <input type="checkbox"/> |
| • Copy of the latest residential utility bills e.g electricity, Gas, PTCL. | <input type="checkbox"/> |
| • Take home monthly income being atleast more than 60% of the per month installment amount | <input type="checkbox"/> |
| • Copy of the membership of any business association, council, bureau etc. | <input type="checkbox"/> |
| • Certified copies of: | <input type="checkbox"/> |
| Resolution of Board of Directors for opening of account specifying the person(s) authorized to open and operate the account. | <input type="checkbox"/> |
| • Memorandum and Articles of Association. | <input type="checkbox"/> |
| • Certified copy of Latest "Form-A/Form-B". | <input type="checkbox"/> |
| • Incorporate Form II in case of newly Incorporated company and Form A / Form C whichever is applicable and Form 29 in already incorporated companies. | <input type="checkbox"/> |
| • Photocopies of any one of the valid identity documents of all Directors, beneficial owners and authorized signatories, as mentioned in case of individuals | <input type="checkbox"/> |
| • Registered / Business address is also obtained. | <input type="checkbox"/> |
| • After initial case approval Undated cheque in the name of EFU General Insurance limited of 100% of required guarantee amount duly sign by client with final submission | <input type="checkbox"/> |

Checked By

Sales Person	
Sales Person Contact #	
Date of Submission	