

LEGAL PERSON APPLICATION FOR LEASING

1. KEY DATA / INFORMATION ON APPLICANT

Company name	Company register number
Legal address	Phone/ Fax
Actual address	E-mail
Chief Executive Officer (full name and personal code (ID))	Phone number/ E-mail
Chief Financial Officer (full name and personal code (ID))	Phone number/ E-mail
Contact person (full name and personal code (ID))	Phone number/ E-mail

2. SHAREHOLDERS (STAKEHOLDERS), CONTROLLING OVER 5 % OF APPLICANT'S SHAREHOLDING

Company name/ First and second name of shareholder	Company register number/ Personal code (ID)	Shareholding, %

3. APPLICANT'S AND ITS MAJOR SHAREHOLDERS' SHAREHOLDINGS (OTHER CAPITAL PARTICIPATION) IN OTHER COMPANIES (if they exceed 5%)

Company name/ First and second name of shareholder	Company register number/ Personal code (ID)	Shareholding, %

4. REQUESTED PROPERTY

Name, model, year of production, registration no., amount, description		Price, euro
Property seller	Company register number	
Representative	Phone	

5. REQUESTED FINANCING CONDITIONS

Type of transaction <input type="checkbox"/> Operating leasing <input type="checkbox"/> Financial leasing	First payment (from property value, %)	Agreement validity term	Residual value (in case of Operational leasing, %)
Day of repayments <input type="checkbox"/> 15 th <input type="checkbox"/> 30 th	Special conditions		Additional services <input type="checkbox"/> Property (Casco) insurance
E-invoices for payments under the Agreement shall be provided in Swedbank Internet Bank, unless the Applicant prefers to receive e-invoices via the Internet (E-pay) <input type="checkbox"/> e-invoice presented via internet (E-pay)			

6. REPURCHASES / SURETY

Company name	Legal address (street, building / P.O. Box, City, postal code)		
Company register number	Representative	Phone	

7. DOCUMENTS SUBMITTED

Balance sheet*
 Profit (loss) statement*
 Status/ Regulations
 Passport of representative (personal ID card)
 Power of Attorney (if signed not by General Manager)

* For the last reporting cycle and annual report. Reports have to be confirmed by State Tax Inspectorate

APPLICANT'S CONFIRMATION

Position, first and second name	Signature	Date
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11. BUYERS

Receivable amounts _____ Reporting date _____			
Name/Receivable amount from	Total amount	O/w overdue for more than 180 days	Grace period applied to buyers
Buyers debts			
Other receivable amounts			
Total liabilities over 180 days:			
Total liabilities:			

12. SUPPLIERS

Payable amounts _____ Reporting date _____			
Name/Payable amount for	Total amount	O/w overdue for more than 180 days	Grace period applied from suppliers
Debts for suppliers			
Other payable amounts			
Total liabilities over 180 days:			
Total liabilities:			

(Applicant) and Applicant's representative:

- 1) confirms that information submitted in this application is true, valid and complete. In case submitted information is false, „Swedbank lizingas“, UAB reserves the right unilaterally to terminate the contract concluded under this application;
- 2) agrees, that "Swedbank lizingas", UAB may request and obtain any information, whether in oral or written form, about the Applicant and it's representatives (it's income, assets, transactions, financial liabilities, account transactions, claims made to the Applicant (it's representatives), etc.) from any and all companies, institutions and organisations (including credit institutions and other financial institutions, state enterprise the Centre of Registers, other public registers) for the purposes of assessing solvency and credit risks and for the purposes of debt management, also in order to comply with legal requirements the company is subject to;
- 3) confirms that he has been informed by Swedbank lizingas, UAB about impact of the increase in variable interest (variable interest base) on the Applicant's payments (indicated possible changes in payments). The Applicant and his Representative understand the aforementioned risks and the impact on payments;
- 4) agrees to receive informational notices about financing decisions or other information related to application, signed agreements and agreements maintaining send by „Swedbank lizingas“, UAB at the address, phone, fax or e-mail indicated in the present application;
- 5) agrees to receive promotional or informational notices about new services or articles offered by „Swedbank lizingas“, UAB, other members of „Swedbank“ financial group and partners posted to him at the address, phone, fax or e-mail indicated in the present application.

By signing in the field „Applicant's confirmation“, Applicant's representative accepts and agrees to all the statements set out above. In order to raise an objection or objections, the applicant must clearly state what he disagrees with. I do not agree with _____.

APPLICANT'S CONFIRMATION

Position, first and second name	Signature	Stamp	Date