

**Main Office**

64 Hillview Terrace, Singapore 669277  
Tel: (65) 6690 5555 Fax: (65) 6766 8567  
Website: <http://www.sg-akc.com>

**Branch Office**

41 Desker Road, Singapore 209572  
Tel: (65) 6690 5555 Fax: (65) 6297 0918  
E-Mail: [enquiry@sg-akc.com](mailto:enquiry@sg-akc.com)

## CUSTOMER'S GIRO FACILITIES EVALUATION FORM

<b>1. Business Information</b>	
Company's Name :	_____
Date of Incorporation :	_____ Company Registration No. : _____
Billing Address :	_____
Nature of Business :	_____
Telephone No. :	_____ Fax No. : _____
Company's Website Address :	_____
<b>2. Financial Information</b>	
Authorised / Paid up capital :	_____ / _____ Type of currency : _____
Turnover for the past 3 years :	Year 1: \$ _____ Year 2: \$ _____ Year 3: \$ _____
Net Profit/(Loss) for the past 3 years :	Year 1: \$ _____ Year 2: \$ _____ Year 3: \$ _____
Latest audited net assets value :	_____
<b>3. Major Shareholders</b>	
Name of Shareholders :	_____ % of shareholding : _____
_____ :	_____ :
_____ :	_____ :
<b>4. Bank Reference</b>	
Name of Bank :	_____ Bank Account No. : _____
_____ :	_____ :
<b>5. Finance/Accounts Staff</b>	
Name of Finance/Accounts Staff :	_____ Designation : _____
Email address : _____	Contact number : _____
<b>6. Giro Payment Limit Required</b>	
<i>*maximum amount to be deducted per transaction basis, minimum amount \$3,000.00</i>	
Giro Payment Limit (\$\$) :	_____
<i>Note: This Giro facilities and term required are subject to our approval. Approved Giro facilities are subject to regular review and changes. Applicant will be informed accordingly should there be any changes.</i>	
<b>7. Company's Authorisation</b>	
Name of authorised staff :	_____ Department & designation : _____
Email address : _____	Contact number : _____
Signature of authorised person and company stamp	
<i># The abovesigned applicant certifies that all information submitted herein is complete and accurate and authorises Absolute Kinetics Consultancy Pte Ltd to request further information from the trade reference, bank and credit reporting agencies should the needs arise.</i>	



# Absolute Kinetics Consultancy Pte Ltd

Co. Reg. No. 200102574Z

**Main Office**

64 Hillview Terrace, Singapore 669277  
 Tel: (65) 6690 5555 Fax: (65) 6766 8567  
 Website: <http://www.sg-akc.com>

**Branch Office**

41 Desker Road, Singapore 209572  
 Tel: (65) 6690 5555 Fax: (65) 6297 0918  
 E-Mail: [enquiry@sg-akc.com](mailto:enquiry@sg-akc.com)

<b>For Official Use Only:</b>		
<b>Customer Services Department</b>		
Signed and recommended by _____ Designation : _____ Name : _____ Date : _____	Credit amount recommended : _____ Credit term recommended : _____	
<b>Finance Department</b>		
Signed and approved by Accounts Manager/Financial Controller Name : _____ Date : _____	Credit amount approved : _____ Credit term approved : _____ Effective Date : _____	
<b>ERP system updated</b>		
Name and designation	Date of update	Signature

