



BSS24

BUSINESS STARTUP LOAN SCHEME

ENTREPRENEURS DEVELOPMENT INITIATIVE



Required documents

BUSINESS REGISTRATION FORM / TRADING LICENSE

COPY OF MYKAD OF ALL BUSINESS OWNERS

WORKING PAPER

OTHER FORM OF DOCUMENTS AS AND WHEN NECESSARY



18 - 60 YEARS OLD

**MALAYSIAN WHO
RESIDES AND OPERATES IN SABAH**

**LOAN TENURE OF
1 - 5 YEARS**

**INTEREST RATE 3% PER ANNUM
(REDUCING BALANCE)**

**LOAN AMOUNT OF
RM 10,000 - RM 50,000**

HQ (Penampang)

Wisma Perbadanan Pinjaman Sabah, Donggongan New
Township, 89500 Penampang, Sabah.
Tel : 088-323 888 (General Line)

CUSTOMER SERVICE

013-818 7783 088-323 975

ALAMESRA

Whatsapp : 013-833 7704 / 013-834 7704
Tel : 088-448 900

KUDAT

Whatsapp : 013-811 7748 / 013-816 7748
Tel : 088-622 676

KENINGAU

Whatsapp : 019-875 7704 / 019-885 7704
Tel : 087-331 567

KINABATANGAN (CSC)

Whatsapp : 013-809 7783
Tel : 089-569 868

UTC KOTA KINABALU

Whatsapp : 013-862 7783 / 019-885 7783
Tel : 088-313 600

LAHAD DATU

Whatsapp : 013-818 7748 / 013-862 7748
Tel : 089-863 885

SANDAKAN

Whatsapp : 013-809 7783 / 013-813 7783
Tel : 089-215 555

BELURAN (CSC)

Whatsapp : 013-813 7783
Tel : 089-511 422

PAPAR

Whatsapp : 013-863 7748 / 019-801 7748
Tel : 088-913 076

TENOM

Whatsapp : 013-836 7783 / 013-841 7783
Tel : 087-735 655

TAWAU

Whatsapp : 013-848 7783 / 013-850 7783
Tel : 089-777 807

TELUPID (CSC)

Whatsapp : 019-862 7748
Tel : 089-521 093

KOTA BELUD

Whatsapp : 013-862 7704 / 019-861 7704
Tel : 088-976 643

KOTA MARUDU

Whatsapp : 013-801 7748 / 013-808 7748
Tel : 088-623 007

SEMPORNA (CSC)

Whatsapp : 013-850 7783
Tel : 089-788 556

SOOK (CSC)

Whatsapp : 013-815 7783
Tel : 087-364 037

RANAU

Whatsapp : 019-810 7748
Tel : 088-875 200

BEAUFORT

Whatsapp : 013-837 7704
Tel : 087-211 751

SIPITANG (CSC)

Tel & Whatsapp : 013-839 7704

TAMBUNAN (CSC)

Whatsapp : 019-885 7704
Tel : 087-771 129



Amount Applied : RM _____ Loan Tenure : _____ (Months)

APPLICANT'S DETAILS

Full Name : _____

MyKad No. : _____ (New) _____ (Old) Gender : Male Female

Phone No. : _____ (Mobile) _____ (Home) _____ (Office)

Email Address : _____ Race : _____

Mother Maiden Name : _____

Occupation : _____ Monthly Net Income (RM) : _____

Home Address : _____

Postcode : _____ Town : _____ State : _____

Mailing Address : _____
(If it differs from home address)

Postcode : _____ Town : _____ State : _____

Marital Status : Single Married Others : _____

Spouse's Name : _____

Mobile Phone No. : _____ Occupation : _____ Monthly Income (RM) : _____

BUSINESS DETAILS

Company's Name : _____

Business' Registration No. / Trading License No. : _____

Business' Types : _____ Designation : _____ Operation Period : _____

Mobile Phone No. : _____ Office Phone No. : _____ Fax No. : _____

Office Address : _____

Postcode : _____ Town : _____ State : _____

GUARANTOR'S DETAILS

Guarantor's Name : _____

MyKad No. : _____ (New) _____ (Old) Gender : Male Female

Phone No. : _____ (Mobile) _____ (Office)

Relationship : _____ Occupation : _____ Monthly Income (RM) : _____

Home Address : _____

Postcode : _____ Town : _____ State : _____

EMERGENCY CONTACT

Full Name : _____

Relationship : _____

Phone No. : _____ (Mobile) _____ (Home) _____ (Office)

Home Address : _____

Postcode : _____ Town : _____ State : _____

DECLARATION AND AUTHORIZATION

I hereby declare that:-

- 1.The information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed herein;
2. I have not been convicted of any offence nor is there any pending case against me in any Court;
- 3.The Corporation has the right to accept or reject this application and to take necessary legal action should any information given above and in the enclosed documents are found to be false;
- 4.I hereby grant the Corporation irrevocable and unconditional authorization to conduct credit checks against me with any business entities or agencies to evaluate, monitor my credit financing worthiness and debt collection purposes;
- 5.I hereby grant the Corporation irrevocable and unconditional authorization to disclose my personal information whether such information is obtained through my facility account with the Corporation or any action taken against me by the Corporation or through credit checks with any business entities or agencies, and I acknowledge that such information disclosed may be made known to other parties.

Applicant's Signature : _____

Date : _____



**BUSINESS
START-UP
LOAN SCHEME**

WORKING PAPER

_____ **BUSINESS NAME**

BUSINESS BACKGROUND

OWNERSHIP <small>(please choose one)</small>	SOLE PROPRIETORSHIP	PARTNERSHIP	SDN BHD
START DATE			
LOCATION			

NO. OF WORKERS : _____ person

NAME	ACADEMIC QUALIFICATION	DESIGNATION	LENGTH OF SERVICE

NATURE OF BUSINESS

BUSINESS PRODUCTS / SERVICES

MARKET

BUSINESS PLAN SUMMARY

USE OF FINANCIAL FUNDING
(you may use additional sheets)

DETAILS	QUANTITY	PRICE /UNIT (RM)	TOTAL (RM)

PERSONAL BANK STATEMENT (LATEST 6 MONTHS)

BANK :
ACCOUNT NO :
ACC. HOLDER'S NAME :

	MONTHS					
Opening Balance						
Total Credit						
Total Debit						
Closing Balance						

SUMMARY OF BUSINESS ACCOUNTS (LATEST 3 YEARS, IF APPLICABLE)

	MONTHS		
	2021	2022	2023
Sales / Revenue			
<i>Deduct : Cost of Sales</i>			
Gross Profit			
<i>Deduct : Management Expenses</i>			
Net Profit			

PROJECTED BUSINESS INCOME (5 YEARS)

	MONTHS				
	2024	2025	2026	2027	2028
Sales / Revenue					
<i>Deduct : Cost of Sales</i>					
Gross Profit					
<i>Deduct : Management Expenses</i>					
Net Profit					

EXISTING LOAN / FINANCING

BANK /FINANCIAL INSTITUTION	LOAN/FINANCING AMOUNT (RM)	DATE OF LOAN/ FINANCING TAKEN	CURRENT BALANCE (RM)



**BUSINESS
START-UP
LOAN SCHEME**

BUSINESS PROFILE

BUSINESS NAME

ABOUT BUSINESS

(The story how you start your business - when/how/where is your business established?)

MISSION

(What is your business' objectives and how to achieve it)

VISION

(Where the business aspire to be?)

PRODUCTS AND SERVICES

(List all of your products and services)

BUSINESS OPPORTUNITIES

(Customer and market opportunities)

CONTACT INFORMATION

(You and your business' contact information, social media platform)

Mobile No :

Office No :

Email Address :

Business' Official Website :

Facebook :

Instagram : @

** You may use additional sheets for any additional information.

To:
Sabah Credit Corporation

We hereby agree and grant consent to Sabah Credit Corporation and its authorized officers to:

(a) conduct credit, property, litigation, trade, CCRIS, DCHEQS, identity, background, compliance risk and any other checks and verifications which are relevant to my/our business relationship/credit facility with Sabah Credit Corporation on me/ our company, its directors/ shareholders/ owners/ partners/ guarantors/ individuals/ party/ providing securities with CTOS Data Systems Sdn Bhd ('CTOS') and/or any registered credit reporting agencies under Credit Reporting Agencies (CRA) Act 2010 at any time, for as long as such business relationship/credit facility continues to exist and/or where any dues owed to Sabah Credit Corporation remain unpaid and outstanding;

(b) disclose my/our information including trade/account conduct to CTOS and/or any registered credit reporting agencies;

I/we also hereby grant consent to CTOS and any other relevant registered credit reporting agencies under the CRA Act to:

(c) procure my/ our CCRIS, DCHEQ and any other credit information from relevant data sources;

(d) disclose credit information relating to me/our company, its directors/ its shareholders/ owners/ partners/ guarantors/ individuals/ party providing securities to Sabah Credit Corporation as and when the services of the credit reporting agency/ies is/are used for purposes mentioned above;

(e) share any of trade information/ account conduct as mentioned in clause (b) above to other subscribers of their services;

(f) transfer and disclose any credit information relating to me/our company, its directors/ its shareholders/ owners/ partners/ guarantors/ individuals/ party/ providing securities to relevant third parties and/or data processor either located within or places outside Malaysia when required.

I/We agree that;

(g) consent wherever mentioned in this letter is irrevocable and shall continue to be valid to the extent it remains consistent with any changes in law and for as long as there is an existing business relationship/ credit facility/ any dues remain outstanding with Sabah Credit Corporation;

(h) the database of CTOS and the relevant registered credit reporting agency/ ies may retain credit and trade information relating to me/us as long as it is consistent with applicable laws and any changes thereto;

(i) CTOS and the relevant credit reporting agency/ ies, its respective directors, officers, members, servants or agents are absolved and held harmless from all liability however arising from the abovementioned consent, the exercise of any/all activity stated above by CTOS and the relevant credit reporting agency/ ies and the subsequent disclosure of any information relating to me/us to Sabah Credit Corporation.

DECLARATION ON POLITICALLY EXPOSED PERSON (PEP) / RELATIVE AND CLOSE ASSOCIATE (RCA)

Politically Exposed Persons (PEPs) are individuals who are or who have been entrusted with prominent public functions either domestically or by foreign countries. Important public functions include Heads of State / Government, senior politicians, senior government officials, senior executives of state owned corporations, high judicial / military / police officials, and important political party officials.

Relatives and Close Associates (RCAs) are individuals who are closely connected to a PEP with familial and friendship ties. These relationships include family members (husband / wife, children, mother / father, siblings and their spouses) and also close associates to the PEP, either socially or professionally.

Are you a Politically Exposed Person (PEP) / Relative and Close Associate (RCA)?

Yes No

(Company/Business Stamp)

Authorized Signatory of Applicant
Name
NRIC
Designation
Date

FOR COMPANY/BUSINESS RELATED INDIVIDUAL (e.g. partners, directors, shareholders, third party guarantors)

Name
NRIC
Designation
Date

Name
NRIC
Designation
Date

Name
NRIC
Designation
Date

Name
NRIC
Designation
Date