

## Survey on Access to Financing for SMEs

Name of company: \_\_\_\_\_

Location (Main Office): \_\_\_\_\_

Nature of business: eg retailing \_\_\_\_\_

Has your firm **experienced any of the following difficulties with your current financing facility with the banks in the past 6 months?** *(Please indicate the bank, if applicable. May choose **more than one**)*

<input type="checkbox"/>	No difficulty faced with the current facility
<input type="checkbox"/>	Request for additional guarantor
<input type="checkbox"/>	Request for higher collateral
<input type="checkbox"/>	Rejection of rescheduling/restructuring proposal
<input type="checkbox"/>	Increase the interest rate / profit rate
<input type="checkbox"/>	Cutting credit limits
<input type="checkbox"/>	Delay in approval/disbursement
<input type="checkbox"/>	Others (Please specify: _____)

Thank you.