

# Personal Loan Application

LOAN DETAILS	
Loan Type:	<input type="checkbox"/> Automobile Loan <input type="checkbox"/> Unsecured Loan <input type="checkbox"/> Other:
Type of Auto Loan:	<input type="checkbox"/> New <input type="checkbox"/> Preowned <input type="checkbox"/> Equity
Loan Amount \$:	Loan Term (years):
Loan Purpose:	<input type="checkbox"/> Purchase of Motor Vehicle <input type="checkbox"/> Debt Consolidation <input type="checkbox"/> Education <input type="checkbox"/> Home Improvement <input type="checkbox"/> Medical <input type="checkbox"/> Vacation <input type="checkbox"/> Other:
Method of Repayment:	<input type="checkbox"/> Salary <input type="checkbox"/> Deduction <input type="checkbox"/> Standing Order <input type="checkbox"/> Other:

PERSONAL DETAILS	
CIF:	
Tax Registration Number (TRN):	
Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Hon. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Prof. <input type="checkbox"/> Rev. <input type="checkbox"/> Other:	
Full Name (Last/First/Middle):	
Maiden Name (if applicable):	
Date of Birth (Day/Month/Year):	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male    No. of Dependents:
Marital Status: <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	
Education Status: <input type="checkbox"/> Below High School <input type="checkbox"/> High School <input type="checkbox"/> Vocational Skills/Certification <input type="checkbox"/> Diploma <input type="checkbox"/> Undergraduate <input type="checkbox"/> Post-graduate/Professional certification	
Email Address:	Tel:    Tel:

IDENTIFICATION (ID)	
ID Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID <input type="checkbox"/> Passport	ID No.:
ID Issued Date (Day/Month/Year):	ID Expiry Date (Day/Month/Year):

ADDRESS	
CURRENT ADDRESS DETAILS	
Street name and number:	
City/Town:	Parish:    Country:
Time at Current Address (Years/Months):	
Residential Status: <input type="checkbox"/> Living with parents or relatives <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other:	

<b>PREVIOUS ADDRESS DETAILS</b> (complete if living at current address for less than 2 years)		
Street name and number:		
City/Town:	Parish:	Country:
<b>MAILING ADDRESS DETAILS</b> (complete if different from current address)		
Street name and number:		
City/Town:	Parish:	Country:

<b>EMPLOYMENT DETAILS</b>		
<b>CURRENT EMPLOYMENT DETAILS</b>		
Employer's Name:		
Address (Street Name and Number):		
City/Town:	Parish:	Country:
Job Title:	Occupation	
Employment Status: <input type="checkbox"/> Contract <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed <input type="checkbox"/> Student <input type="checkbox"/> Unemployed		
Date of Employment (Day/Month/Year):		
<b>PREVIOUS EMPLOYMENT DETAILS</b> (complete if working at current employer for less than five years)		
Previous Employer's Name:		
Previous Employer's Address		
Street Name and Number:		
City/Town:	Parish:	Country:
Position:	Occupation	
Previous Employment Status: <input type="checkbox"/> Contract <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed <input type="checkbox"/> Student <input type="checkbox"/> Unemployed		
Date of Employment (Day/Month/Year):		

<b>CONTACT PERSON</b>		
<b>CONTACT PERSON #1</b>		
Full Name (Last/First/Middle):		
Address (Street Name and Number):		
City/Town:	Parish:	Country:
Email Address:	Tel:	Tel:

CONTACT PERSON #2			
Full Name (Last/First/Middle):			
Address (Street Name and Number):			
City/Town:	Parish:	Country:	
Email Address:	Tel:	Tel:	

FINANCIAL DETAILS	
MONTHLY INCOME	
Gross Monthly Salary: \$	Other Monthly Income: \$
MONTHLY EXPENSES (State amount for each expense where applicable)	
LIVING EXPENSES (rent, utility, food, transportation, entertainment, medical expenses, etc):	\$
INSURANCE PREMIUM (this includes life insurance, motor vehicle insurance, health insurance, etc):	\$
MORTGAGE:	\$
LOAN PAYMENT (car loan, personal loan, student loan, etc):	\$
OTHER:	\$

DECLARATION OF ASSETS & LIABILITIES			
ASSETS (State estimated value of each asset where applicable)			
Motor Vehicles: \$	Real Estate	\$	
Investments: \$	Cash/Savings:	\$	
Other: \$			
MORTGAGE AND OTHER LIABILITIES			
NAME OF INSTITUTION	TYPE OF ACCOUNT (Credit Card, Hire Purchase, Loan, Mortgage, etc)	ACCOUNT BALANCE	MONTHLY REPAYMENT AMOUNT

CO-APPLICANT PERSONAL DETAILS		
CIF:		
Tax Registration Number (TRN):		
Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Hon. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Prof. <input type="checkbox"/> Rev. <input type="checkbox"/> Other:		
Full Name (Last/First/Middle):		
Maiden Name (if applicable):		
Date of Birth (Day/Month/Year):	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	No. of Dependents:
Marital Status: <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed		
Education Status: <input type="checkbox"/> Below High School <input type="checkbox"/> High School <input type="checkbox"/> Vocational Skills/Certification <input type="checkbox"/> Diploma <input type="checkbox"/> Undergraduate <input type="checkbox"/> Post-graduate/Professional certification		
Email Address:	Tel:	Tel:

CO-APPLICANT IDENTIFICATION (ID)	
ID Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID <input type="checkbox"/> Passport	ID No.:
ID Issued Date (Day/Month/Year):	ID Expiry Date (Day/Month/Year):

CO-APPLICANT ADDRESS		
CO-APPLICANT CURRENT ADDRESS DETAILS		
Street name and number:		
City/Town:	Parish:	Country:
Time at Current Address (Years/Months):		
Residential Status: <input type="checkbox"/> Living with parents or relatives <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other:		
CO-APPLICANT PREVIOUS ADDRESS DETAILS (complete if living at current address for less than 2 years)		
Street name and number:		
City/Town:	Parish:	Country:
CO-APPLICANT MAILING ADDRESS DETAILS (complete if different from current address)		
Street name and number:		
City/Town:	Parish:	Country:

CO-APPLICANT EMPLOYMENT DETAILS			
CO-APPLICANT CURRENT EMPLOYMENT DETAILS			
Employer's Name:			
Address (Street Name and Number):			
City/Town:	Parish:	Country:	
Job Title:	Occupation		
Employment Status: <input type="checkbox"/> Contract <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed <input type="checkbox"/> Student <input type="checkbox"/> Unemployed			
Date of Employment (Day/Month/Year):			
CO-APPLICANT PREVIOUS EMPLOYMENT DETAILS (complete if working at current employer for less than five years)			
Previous Employer's Name:			
Previous Employer's Address			
Street Name and Number:			
City/Town:	Parish:	Country:	
Position:	Occupation		
Previous Employment Status: <input type="checkbox"/> Contract <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed <input type="checkbox"/> Student <input type="checkbox"/> Unemployed			
Date of Employment (Day/Month/Year):			

CO-APPLICANT CONTACT PERSON			
CO-APPLICANT CONTACT PERSON #1			
Full Name (Last/First/Middle):			
Address (Street Name and Number):			
City/Town:	Parish:	Country:	
Email Address:	Tel:	Tel:	
CO-APPLICANT CONTACT PERSON #2			
Full Name (Last/First/Middle):			
Address (Street Name and Number):			
City/Town:	Parish:	Country:	
Email Address:	Tel:	Tel:	

CO-APPLICANT FINANCIAL DETAILS	
<b>MONTHLY INCOME</b>	
Gross Monthly Salary: \$	Other Monthly Income: \$
<b>MONTHLY EXPENSES</b> (State amount for each expense where applicable)	
LIVING EXPENSES (rent, utility, food, transportation, entertainment, medical expenses, etc):	\$
INSURANCE PREMIUM (this includes life insurance, motor vehicle insurance, health insurance, etc):	\$
MORTGAGE:	\$
LOAN PAYMENT (car loan, personal loan, student loan, etc):	\$
OTHER:	\$

CO-APPLICANT DECLARATION OF ASSETS & LIABILITIES			
<b>ASSETS</b> (State estimated value of each asset where applicable)			
Motor Vehicles: \$		Real Estate \$	
Investments: \$		Cash/Savings: \$	
Other: \$			
<b>MORTGAGE AND OTHER LIABILITIES</b>			
NAME OF INSTITUTION	TYPE OF ACCOUNT (Credit Card, Hire Purchase, Loan, Mortgage, etc)	ACCOUNT BALANCE	MONTHLY REPAYMENT AMOUNT

## TERMS AND CONDITIONS

Following the release / disbursement of Facilities to you, you agree to pay the principal amount(s) together with interest and all sums owed by you to the Society under the Facilities until all amounts due to the Society have been paid.

All payments shall be made by \_\_\_\_\_

By signing this Application Form, you hereby give the Society your irrevocable authority to debit relevant account(s) with an amount to satisfy payment of principal, interest and other charges as and when they arise or become due.

In the event that you are approved for an unsecured credit facility, you agree to maintain a compulsory savings account and at all times shall maintain in the compulsory account the amount set out ( )

If any payment becomes due on a non-business day (meaning a day which is not a day on which the Society is generally open in Jamaica), the due date of such payment shall be brought forward to the preceding business day.

## ARREARS

You will be in arrears if any payment or repayment is not received by the due date;

Demand/Notice in respect of the Facilities may be given orally, by telephone, facsimile, electronic media, telegram or through personal visit of any official of the Society.

Demand / Notice will be in writing, the amount of which shall, save manifest error, be conclusive and binding on you, and (without prejudice to any effective means of serving it) may be served on you personally, by delivering it to any of your officers at any place, or dispatching it addressed to you by post address stated on the Application.

## EXISTING FACILITIES

It is acknowledged and agreed that any Facility granted by the Society pursuant to the Application shall be in addition to all prior Facilities and shall not affect any prior liability to the Society whether primary or contingent or your obligations in respect of such facilities except where the Facilities granted in connection with this Application are being used to settle in full any pre-existing Facility.

In keeping with normal banking practice, all Facilities will be repayable on demand. The Society reserves the right to call on the Facilities where there is evidence of a Material Adverse Condition (that is, one or more of the following conditions) namely:-

- a. Reduction in cash flow
- b. Declining net worth
- c. Significant additional borrowings from other sources/financial institutions
- d. Reduction in required minimum credit balances
- e. Non-compliance with terms and conditions of approval of the Facilities
- f. Factors or developments which are likely to impair cash flow

## SPECIAL CONDITION ACCEPTANCE OF APPLICATION

The Society reserves the right not to accept or approve and Application. The loan arrangement between us shall be deemed effective as at the date on which the Society approves the Application. Further the Society reserves the right to review and, if thought fit, at the Society's sole discretion withdraw or terminate the Facilities or assign it to a third party.

In respect of all joint applications, your obligations to the Society shall be joint and several.

## EXECUTION OF THE APPLICATION

By signing below, the applicant:

- a. Affirms that the information provided on this Application Form, where applicable, is true and complete and forms part of the Application and that you, have not withheld any information;
- b. Acknowledge and agree that the rights and remedies of the Society in respect of any misrepresentation or breach of warranty by you shall not be prejudiced or affected by any investigation performed by the Society or, without limitation, any other act or matter which, but for this provision, would or might prejudice or affect such right or remedies;
- c. Acknowledge that any facility granted by the Society pursuant to the Application shall be in addition to all prior facilities and shall not affect any prior liability which you have to the Society whether primary or contingent or your obligations in respect of such facilities except where the Facilities are being used to settle in full and pre-existing facility; and
- d. Acknowledge and agree that the Society may at any time hereafter provide your credit information to any Credit Bureau and that your acknowledgment contained herein constitutes written notice to you.
- e. Acknowledge and agree to open savings account to service loan facility and such account shall remain active for the life of the facility.

**SCHEDULE**

**INTEREST**

Interest rate:	Interest rate on Arrears:
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**FEES**

All Fees/Charges applied by the Society and / or communicated to you from time to time that apply to the Facilities are for your account and unless otherwise agreed, will be debited to your account.

- Approval Fee**  
 You shall pay upon approval to the Facility an Approval fee as stated herein, which is non-refundable and applicable from time to time. By signing this Application, you hereby give your irrevocable authority to deduct from any account in your name the amount of the Approval Fee upon approval of your loan.
- Other Fees/Charges**  
 Any fees duties or charges arising in connection with the Facilities, and / or the proposed or attempted collection of monies due pursuant to the Facilities, or the enforcement or proposed or attempted enforcement of any security granted are for your account. If for any reason this transaction is not completed, and all such fees/charges incurred will constitute a debt owing by you, payable on demand.

Applicant's Name \_\_\_\_\_

Witness' Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Witness' Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Co-Applicant's Name \_\_\_\_\_

Witness' Name \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_

Witness' Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**FOR INTERNAL USE ONLY**

Lending Officer's Comment \_\_\_\_\_

\_\_\_\_\_

Adjudicator's Comment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved   
  Declined   
 Approved by \_\_\_\_\_   
 Date \_\_\_\_\_