

**CLIENT INFORMATION** Section A

Title  Mr.  Mrs.  Ms.  Dr.  Other:

Full Name

Aliases

Marital Status No. of Dependents

Spouse's Full Name

Permanent Address <sup>1</sup>

Previous Address (if at above for less than 2 years)

Years at Present Address  Own  Rent If renting, monthly rent (\$)

Contact (telephone) (h): (w): (c):

Contact (other) Fax: E-mail:

Date of Birth: Year: Month: Day:

National Identification Number (ID)

Name of Employer Telephone

Position Length of Service Gross Annual Salary (\$)

Address of Employer

Previous Employer (if at above for less than 2 years)

Spouse's Employer Telephone

Position Length of Service Gross Annual Salary (\$)

Address of Spouse's Employer

Accounts at other Banks Branch

Other Income Source(s) & Amount(s)

**DETAILS OF ASSETS & LIABILITIES** (If item marked \* is more than one, list overleaf with description) Section B

Description	Assets	Description	Liabilities
Real Estate* (describe overleaf)		Loans on Real Estate* (describe overleaf)	
Motor Vehicles* (describe overleaf)		Loans on Motor Vehicles* (describe overleaf)	
Furniture & Equipment		Loans on Furniture & Equipment	
Life Insurance Cash Surrender Value (Not Life Cover)		Current Account Overdraft	
Other Non-Cash Assets* (describe overleaf)		Other Loans payable by you (describe overleaf)	
Amounts owed to you* (describe here)		Other Liabilities not described above (describe here, e.g.: credit cards)	
Savings/Deposit Accounts		SUB-TOTAL (2)	
Other Investments		NET WORTH (1) minus (2)	
TOTAL		TOTAL	

Name & Branch of Banker(s) Type of Account(s)

**PROJECTED MONTHLY CASH FLOW** (Note: For accuracy, compute ANNUAL and divide by 12) Section C

Outflows	Inflows
Shelter (Rent/Mortgage, Property Taxes, Property Insurance, Maintenance, etc.)	Gross Monthly Salary & Benefits (Based on official verification from employer)
Other Installment Payments (Loans, Life Insurance, Savings, etc.)	Self-Employed Income (Net) (Audited accounts or statement from chartered Accountant attached)
Utilities	Other Income (Give detail(s) - include estimated rent [if any] from real estate owned or being acquired)
Transportation (Gas, Car Insurance License, Maintenance etc. or cost of public transportation)	
Other living expenses (Food, Clothing, Medical, School, Entertainment etc.)	Less Statutory Deductions at Source (Income Tax, NHT, etc.)
<b>TOTAL OUTFLOWS</b>	<b>TOTAL INFLOWS</b>
	<b>SUBTRACT TOTAL OUTFLOWS</b>
	<b>RESIDUAL INCOME AFTER »</b>

**PARTICULARS OF REAL ESTATE HOLDINGS** Section D

Address(es)	Valuation	Existing Loan Balance	Monthly Payment	Account Number	Lender
1					
2					
3					
<b>TOTAL</b>					

**PARTICULARS OF MOTOR VEHICLE(S)** Section E

Type & Model	Year	Registration #	Lender	Value	Loan Balance	Monthly Payment
1						
2						
3						

**PARTICULARS OF OTHER NON-CASH ASSETS, INVESTMENTS, ETC.** Section F

Description	Value
1	
2	
3	

**PARTICULARS OF OTHER LIABILITIES (PAYABLE OR GUARANTEED BY YOU)** Section G

Creditor	Purpose of Loan	Balance	Monthly Payment
1			
2			
3			
<b>TOTAL</b>			

**AUTHORISATION** Section H

I confirm that the information in this application is true complete and accurate to the best of my knowledge.  
 I confirm that SigniaGlobe Financial may obtain independent verification of the information provided in this application.

Dated ..... this day of ..... 20 .....

Signature .....

Signature .....