

Client Information **Section A**

Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:			
Full Name				
Aliases				
Marital Status			No. of Dependents	
Spouse, Full Name				
Permanent Address				
Previous Address (if at above for less than 2 years)				
Years at Present Address		<input type="checkbox"/> Own <input type="checkbox"/> Rent	If Renting, Monthly Rent (\$)	
Contact (telephone)	(h):	(w):	(c):	
Contact (other)	Fax:	Email:		
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* (describe overleaf)		NET WORTH (1) minus (2)	
TOTAL		TOTAL	

Name & Branch of Banker(s)	Type of Account(s)
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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 income verification from employer)	
Other Instalment 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.)	
TOTAL OUTFLOWS		TOTAL INFLOWS	
		SUBTRACT TOTAL OUTFLOWS	
		RESIDUAL INCOME AFTER >>	

Particulars of Real Estate Holdings **Section D**

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

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				
	TOTAL			

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 Signia Financial may obtain independent verification of the information provided in this application.

Dated this day of20.....

Signature

Signature