

CLIENT INFORMATION

Section A

Title

☐ Mr.

☐ Mrs.

☐ Ms.

☐ Dr.

☐ Other:

Full Name

Aliases

Martial Status

No. of Dependents

Spouse's Full Name

Permanent Address ⁱ

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)	Less Statutory Deductions at Source (Income Tax, NHT, etc.)
Other living expenses (Food, Clothing, Medical, School, Entertainment 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 SigniaGlobe Financial may obtain independent verification of the information provided in this application.

Dated this day of 20

Signature

Signature