

Kingston Office: 1A Holborn Road, Kingston 10, Jamaica, W.I. Tel: 876-926- 0849 Montego Bay Office: Shop 19 Sagicor Commercial Centre Jamaica, W.I. Tel: 876-979-1997 Email: info@bpmfinancial.com

Website:

www.bpmfinancial.com

Loan Application Form

The following form is to be filled in by the Loan Applicant and the Guarantors Date:__ **Full Name (including middle name):** Date of Birth: **Marital Status: ID Number:** Type of I.D: **Nationality:** Phone#: (H) TRN# **(C) Email address: Current Home Address:** How long living at the address: **Residential status:** (Check the most appropriate): **Own** (fully paid) ____, **Own** (paying mortgage) ____, **Rent** __ Family Residence _____, Living with Parents _____, Share _____, Lease _____, Other: _____ No. of Dependents **Age of Dependents:** Name of Employer: **Address of Employer:** Tel# of Employer: **Job Position:** How many years working at your present job: **Employee Number#: Purpose for Loan: Amount Requested: Net Monthly Salary: Other Income: Source: Expenses: Food** Rent/ Mortgage: **Travelling: School Fees:** Loans: Others: **Utilities: Electricity:** Water: **Telephone: Internet:** Cable: **Reference Information Family Full Name of Reference: Known since: Relationship of Reference: Phone# of Reference: Home Address of Reference: Workplace of Reference:** Work Phone#: Address of Reference's Workplace

Job F	Position of Reference:	Years in Position:	
Emai	l Address:		
Refer	ence Information Close Frie	e <u>nd</u>	
Full I	Name of Reference:	Known since:	
Relat	ionship of Reference:	Phone# of Reference:	
Addr	ess of Reference:		
Work	xplace of Reference:	Work Phone#:	
Addr	ess of reference's workplace	<u>,</u>	
Job F	Position of Reference:	Years in Position:	
Emai	l Address:		
(Any o	=	<u>nal</u> <u>BPM, Justice of the Peace, Notary Public, Attorney-at Law, Jamaica Constabulary Forceter of Religion, Elected Official, Medical Doctor, Chartered Accountant,</u>	
Full I	Name of Reference:	Known since:	
Relat	ionship of Reference:	Phone# of Reference:	
Addr	ess of Reference:		
Work	xplace of Reference:	Work Phone #:	
Addr	ess of Reference's Workplac	ce	
Job position of reference:		Years in Position:	
Emai	l Address:		
Applic	ants and Guarantors requir	re the following:	
	Current Job Letter	Last 3 months pay slips	
	2 passport-size photos	TRN and a Valid ID	
	Employed to company for at	least 1 year	
	Current Proof of Address (Ut	ility bills, bank statements or any other mailed correspondence); or comple	ete
	the Verification of Address for	orm	
		FOR INTERNAL USE ONLY	
	I confirm that all the referen	nces have been checked in accordance with the documented procedures	
	Authenticated by:	Date	