LOAN APPLICATION FORM
UNSECURED LOANS

Loan # _____

Section A. PERSONAL INFORMATION

Full Name (First/Middle/Last): ○ Mr. ○ Mrs. ○ Ms. _____

Aliases: _____ Nationality: _____

Marital Status: ○ Single ○ Married ○ Common-Law ○ Widowed ○ Separated ○ Divorced

Date of Birth (Day/Month/Year): _____ Tax Registration Number (TRN): _____

ID Type: ○ Driver's License ○ National ID ○ Passport ID Number: _____

Tel: _____ E-mail: _____

Current Home Address: _____

How long have you been living at this address? _____

Residential Status: ○ Own (Fully Paid) ○ Own (Paying Mortgage) ○ Rent ○ Family Residence ○ Lease ○ Shared ○ Living with parents ○ Other: _____

No. of Dependents: _____ Age of Dependents: _____

Section B. EMPLOYMENT DETAILS

Employer's Name: _____

Employer's Address: _____

Employer's Tel.: _____ How long have you been employed at this job? _____

Occupation: _____ Employee No.: _____

Section C. LOAN DETAILS

Amount Requested: $ _____ Loan Term: _____

Purpose of Loan: ○ Debt Consolidation ○ Home Improvement ○ Education ○ Medical ○ Other: _____

Section D. FINANCIAL DETAILS

Net Monthly Salary: $ _____ Other Monthly Income: $_____ Source: _____

MONTHLY EXPENSES:

Food $ _____ Rent/Mortgage $ _____ Travelling $ _____

Loan(s) $ _____ School Fee $ _____ Electricity $ _____

Water $ _____ Internet $ _____ Telephone $ _____

Cable $ _____ Other $ _____

1A HOLBORN ROAD, KINGSTON 10, JAMAICA TEL. 876-926-0849 | SHOP 19, SAGICOR COMMERCIAL CENTRE TEL. 876-979-1997

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Section E. CONTACT INFORMATION – FAMILY MEMBER

Full Name: _____ Relationship: _____ Known since: _____

Tel: (H) _____ (C) _____ E-mail _____

Home Address: _____

Employer: _____ Work Tel.: _____

Address of Workplace: _____

Occupation: _____ Years in Position: _____

Section F. CONTACT INFORMATION – CLOSE FRIEND

Full Name: _____ Relationship: _____ Known since: _____

Tel: (H) _____ (C) _____ E-mail _____

Home Address: _____

Employer: _____ Work Tel.: _____

Address of Workplace: _____

Occupation: _____ Years in Position: _____

Section G. REFERENCE INFORMATION- PROFESSIONAL

Justice of the Peace, Notary Public, Attorney-at Law, Jamaica Constabulary Force (Rank of Superintendent or above), Minster of Religion, Elected Official, Medical Doctor, Chartered Accountant, Current Employer or Supervisor.

Full Name: _____ Relationship: _____ Known since: _____

Tel: (H) _____ (C) _____ E-mail _____

Home Address: _____

Employer: _____ Work Tel.: _____

Address of Workplace: _____

Occupation: _____ Years in Position: _____

Section H. REQUIRED DOCUMENTS CHECKLIST FOR APPLICANTS & GUARANTORS

☐ Valid ID & TRN

☐ Current Job Letter

☐ Two (2) passport-size photos

☐ Current Proof of Address
Utility bills, bank statements; or complete BPM Verification Address Form.

☐ Last three (3) months payslips

☐ Employed to company for at least one (1) year; Company should facilitate salary deductions

Applicant's Signature_____ **Date**_____

FOR INTERNAL USE ONLY	I confirm that all the contacts and reference have been checked in accordance with the documented procedures. ***Authenticated by:*** _____ ***Date*** _____

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