

LOAN APPLICATION FORM

DATE: _____

I apply for a loan, with all charges added, to be repaid in _____

monthly instalments beginning

| | | | |
|--|---|--|---|
| PURPOSE OF LOAN | | AMOUNT REQUESTED | |
| FULL NAME INCLUDING ALIAS (Please Print) | <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOW <input type="checkbox"/> SEPARATED | <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> COMMON LAW | I.D. INFO./TIN (Companies) DATE OF BIRTH |

DUAL CITIZENSHIP: YES () NO () COUNTRIES OF CITIZENSHIP

CUSTOMER SINCE:

| | | |
|-------------------|-----------|---|
| NO. OF DEPENDENTS | AGE RANGE | NAME AND ADDRESS OF LANDLORD (IF RENTING) |
|-------------------|-----------|---|

| | | |
|---|----------------------------|-----|
| NAME OF SPOUSE INCLUDING ALIAS (Please Print) | I.D. INFO./TIN (Companies) | AGE |
|---|----------------------------|-----|

| | | | | |
|--------------|-----------------|-------------|--------|-------------------------|
| HOME ADDRESS | MAILING ADDRESS | YEARS THERE | CELL # | TELEPHONE CONTACT HOME: |
|--------------|-----------------|-------------|--------|-------------------------|

| | | |
|-------------------------------|--------------|-------------|
| REFERENCES (NAME AND ADDRESS) | RELATIONSHIP | TELEPHONE # |
|-------------------------------|--------------|-------------|

| | | |
|----|----|----|
| 1) | 1) | 1) |
| 2) | 2) | 2) |

| | | |
|------------------------------|-------------|-----------------|
| NAME AND ADDRESS OF EMPLOYER | YEARS THERE | JOB LETTER DATE |
|------------------------------|-------------|-----------------|

| | |
|------------|----------------|
| OCCUPATION | Email Address: |
|------------|----------------|

| | | | |
|-------------------|-------------|----------------------|----|
| PREVIOUS EMPLOYER | YEARS THERE | GROSS MONTHLY SALARY | \$ |
|-------------------|-------------|----------------------|----|

| | | | |
|---------------------------------------|-------------|-------------------------|----|
| NAME AND ADDRESS OF SPOUSE'S EMPLOYER | YEARS THERE | OTHER VERIFIABLE INCOME | \$ |
| | | SPOUSE'S MONTHLY INCOME | \$ |

| | | |
|------------|---------------------------|----|
| OCCUPATION | GROSS FAMILY MTHLY INCOME | \$ |
|------------|---------------------------|----|

FINANCIAL INFORMATION

| ASSETS | VALUE | LIABILITIES | AMOUNT DUE | MTHLY PAYMENTS |
|----------------------|-------|-----------------------|------------|----------------|
| SAVINGS ACCOUNT | | BANK OVERDRAFTS | | |
| FIXED DEPOSITS | | BANK LOANS | | |
| CREDIT UNION SHARES | | | | |
| OTHER SHARES | | CREDIT UNION LOANS | | |
| LIFE INSURANCE CSV | | POLICY LOANS | | |
| REAL ESTATE | | MONTHLY RENT/MORTGAGE | | |
| VEHICLE | | HIRE PURCHASE | | |
| FURNITURE/APPLIANCES | | CREDIT CARD | | |
| OTHER | | CHILD SUPPORT | | |
| | | TOTAL DEBTS/PAYMENTS | | |
| | | NETWORTH | | |
| TOTAL | | TOTAL | | |

| | | | |
|---------------------|--|--------|-------|
| CLASSIFICATION CODE | | RATIO | |
| | | BEFORE | AFTER |
| GL SUB-TYPE | | | |

NAME(S) OF OTHER BANKERS AND/OR FINANCIAL INSTITUTIONS.

ARE YOU AN EXISTING CLIENT OF SFI? YES NO

HAVE YOU BORROWED FROM SFI IN THE PAST? YES NO

HAVE YOU ANY JUDGEMENTS OR LEGAL ACTION AGAINST YOU? IF SO, GIVE DETAILS INCLUDING NAME OF INSTITUTION.

PLEASE COMPLETE THIS SECTION FOR VEHICLE FINANCING

| | | | |
|---------------------------|--------------|-----------------|--------------------------|
| TYPE OF VEHICLE | MODEL YEAR | ENGINE CAPACITY | CHASSIS & ENGINE NO. |
| | | | CHASSIS # |
| LICENCE OR REGISTRATION # | FULLY LOADED | COLOUR | ENGINE # |
| | MANUAL | | EXPIRY DATE OF INSURANCE |
| | AUTOMATIC | | |

ATTORNEY'S NAME:

I hereby confirm that the above is true and correct and that the information requested is to determine my credit responsibility. You are authorized to obtain any information you may require e.g. credit reports from any sources to which you may apply and they are authorized to provide you with such information any time during the term of the loan(s).
 You are authorized to retain this application form whether or not the loan is approved.
 I agree to pay the monthly payments as they become due and any late charges for any past due instalments.
 I hereby consent to any application being made by you to an insurance company or companies on my life, such insurance to be owned by SFI and premiums to be paid by me. This insurance is to become effective from the date of this loan. Coverage is not to exceed the amount of note.

I agree to pay the rate of% add-on, which is an effective rate of% on the full net proceeds of the loan.

DATE WITNESS APPLICANT CO-APPLICANT

| | | | | |
|-------------------------------|----|-----------------------------|----|----------------------------|
| COST OF VEHICLE | \$ | NOTE/START DATE: | | PREPARED BY |
| PLUS: ACCESSORIES | \$ | MATURITY DATE: | | |
| PLUS: INSURANCE | \$ | PROCEEDS | \$ | CHECKED BY |
| TOTAL | \$ | INTEREST | \$ | Red. Bal. Rate |
| LESS: TRADE IN DEPOSIT | \$ | INT. ADJUSTMENT | | ADD ON INT. RATE |
| LESS: DEPOSIT | \$ | INS. PREMIUM (MTHLY) | \$ | EFFECTIVE INT. RATE |
| BALANCE (LOAN REQUEST) | \$ | MTHLY PAYMENT | \$ | |
| | | LAST PAYMENT | \$ | |

I hereby certify that the above is true and correct and I acknowledge that the facility applied for will be granted to me on the strength of my expressed intention to retain full and free ownership of the motor vehicle and of my agreement not to pledge as security or further pledge as security the vehicle to any institution whether financial or individual until the facility is repaid in full.

Applicant's Signature: _____

COLLATERAL SECURITY HELD (show full particulars, including the value)

REAL ESTATE DETAILS

| | | | | |
|------------------|-------------------|------------------|---|-------------------------------|
| LOCATION | | | ENCUMBERED (IF YES PROVIDE DETAILS INCLUDING N/O BANK) | |
| | | | | |
| BLOCK NO. | PARCEL NO. | AREA/SIZE | VALUE | DATE OF LAST VALUATION |
| | | | | |
| | | | | |

INSURANCE DETAILS (include type of insurance cover)

Policy Held with :

Policy No.: _____ **Insured Value:** _____

Creditor Life (Lumpsum) \$ **Collected: Yes No** **Commitment Fee: \$** **Collected: Yes No**

ENDORSEMENT(S) AND/OR CO-SIGNER(S) (insert name and degree of protection afforded)

OFFICER'S REMARKS

APPROVED **DECLINED** **RECOMMENDED** **INTERVIEWING OFFICER**.....

OPERATIONS MANAGER'S REMARKS

APPROVED **DECLINED** **OPERATIONS MANAGER**

GENERAL MANAGER'S REMARKS

APPROVED **DECLINED** **GENERAL MANAGER**