FIRST AID FINANCIALS COMPANY LIMITED

"Your Financial Health Is Our First Priority"

Client ID (Office Use)	Business Legal Name	Business Type ☐Sole Proprietorship ☐ Partnership ' ☐ Corporation ☐Non-Profit ☐ Other

Business Loan
☐ New Business ☐Existing Business

Amount Desired
J$

Tenure Desired (Please tick)
☐1 month ☐ 2 months ☐ 3months ☐Other(Specify)

Purpose of Loan :

HOW DID YOU HEAR ABOUT US?

Applicant status (please tick) Single application ☐ Joint application ☐		Business Address	
Email Address	Years in Business	Directions (Please Specify)	
Previous Address	Time at address	Phone Numbers (Office/Cell)	No. of Employees
Business Tax Registration Number (TRN)	Business Description		Annual Sales $
Name(s) of Owner(s)	Collateral Description		Value $

Business Asset Account		*Business Liability Account*	
☐Financial Institution 1 Name:	Balance $	☐Financial Institution 1 Name:	Balance $
☐Financial Institution 2 Name:	Balance $	☐Financial Institution 2 Name:	Balance $
☐Financial Institution 3 Name:	Balance $	☐Financial Institution 3 Name:	Balance $

Projected Mnthly income $	Other income $	Main Bank Account Number (for deposit of loan proceeds)	Branch

Mode of Loan Payment

☐ Post Dated Cheque ☐ Standing Order (Mandatory)

Applicant Information

Surname First name Middle Initial	Telephone numbers (Home/Cell)	Personal Email address
Employer (If different)	Employer's Address	Employer's Telephone numbers
Home Address		

Home Directions (Please specify using Landmarks e.g church, school)	Monthly income/salary	Employed since(dd/mm/yr)	Occupation
Work Email Address		Total Income $	

For Office Use Only:

☐ **Application Approved** ☐ **Application Approved with Special Conditions:**

☐ **Application Denied** **Reason:**

Terms and Conditions

To the best of my knowledge, all information provided above is true as at date provided and permission is hereby given to undertake any means of verification required by First Aid Financials Company Limited. I/we hereby promise to advise First Aid Financials Company Limited of any future change in above information within a period similar to payment frequency.

_____	_____	_____
Applicant	**Co-Applicant**	**Date (DD/MM/YYYY)**