

# FIRST AID FINANCIAL CONSULTANTS

“Your Financial Health Is Our First Priority”

<b>Client ID (Office Use Only)</b>	<b>Surname</b>	<b>First Name &amp; Middle Name</b>	<b>Amt Requested-</b> J\$
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<b>Loan Type (please tick)</b> <input type="checkbox"/> Payday loan <input type="checkbox"/> Regular loan <input type="checkbox"/> Signature Loan	<b>Tenure (please tick)</b> <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 5 months <input type="checkbox"/> 6 months <input type="checkbox"/> Special (Specify other) _____
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**Purpose of Loan:** \_\_\_\_\_ **HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

<b>Applicant status (please tick)</b> Single Application <input type="checkbox"/> Joint Application <input type="checkbox"/> Repeat Application <input type="checkbox"/> ****(Update If Info Has Changed)		<b>Alias/Nickname</b>		<b>Personal Email Address</b>		
<b>Address</b>		<b>Time at Address</b>	<b>Directions (Please Specify using Landmarks e.g church, school)</b>			
<b>Previous Address</b>		<b>Time at address</b>	<b>Phone Numbers (Home/Cell)</b>		<b>No. of Dependents</b>	
<b>Tax Registration Number (TRN)</b>		<b>Sex</b>	<b>Date of Birth</b>	<b>Unexpired Identification Type &amp; Number</b>		<b>Marital status</b>
<b>Employer</b>			<b>Employed since (DD/MM/YY)</b>		<b>Occupation</b>	
<b>Address of Employer</b>			<b>Employer Phone Number</b>		<b>Work Email Address</b>	
<b>Monthly income \$</b>	<b>Other income &amp; Source \$</b>	<b>Salary Bank Account Number</b>		<b>A/C Type: Savings/Chequing</b>	<b>Branch</b>	
<b>Mode of Loan Payment</b> <input type="checkbox"/> Salary Deduction <input type="checkbox"/> Post Dated Cheque <input type="checkbox"/> Standing Order <input type="checkbox"/> Direct Debit (Mandatory) <input type="checkbox"/> Cash <input type="checkbox"/> Bank Deduction Letter (Authorized clients Only)						

## Section II (Please Complete if Applicable)

<b>Name of Spouse/Joint/Guarantor</b>		<b>Telephone numbers (Home/Cell)</b>		<b>Personal Email address</b>		
<b>Employer</b>		<b>Employer's Address</b>		<b>Employer's Telephone numbers</b>		
<b>Home Address</b>						
<b>Home Directions (Specify using Landmarks e.g church, school)</b>			<b>Monthly income/salary</b>	<b>Employed since(dd/mm/yr)</b>	<b>Occupation</b>	
<b>Work Email Address</b>			<b>Additional Income \$ Source</b>			
<b>Bank Name</b>	<b>Salary Bank Acc. Number</b>	<b>Savings/Chequing</b>		<b>Branch</b>	<b>ID Type</b>	<b>Unexpired ID Number</b>
<b>Date of Birth</b>	<b>Total monthly income/salary \$</b>			<b>Total other income</b>	<b>Total Income \$</b>	
<b>For Office Use Only:</b> <input type="checkbox"/> Application Approved <input type="checkbox"/> Application Approved with Special Conditions: <input type="checkbox"/> 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 Financial Consultants. I/we hereby promise to advise First Aid Financial Consultants of any future change in above information within a period similar to payment frequency.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Spouse/Joint/Guarantor

\_\_\_\_\_  
Date (DD/MM/YYYY)