

FIRST AID FINANCIAL CONSULTANTS

CUSTOMER'S PERSONAL FINANCIAL STATEMENT OF AFFAIRS

| | | | | | | | |
|--|----------------|---|----------|--|---------------------|---------------------------------|--|
| APPLICANT: SURNAME | | CHRISTIAN NAME | | SPOUSE: SURNAME | | CHRISTIAN NAME | |
| DATE OF BIRTH <i>(yyyy/mm/dd)</i> | MARITAL STATUS | NO. OF DEPENDENTS | | ADDRESS | | | |
| PREVIOUS ADDRESS (if at above for less than 2 years) | | | | AT PRESENT ADDRESS FOR ____ _ YEARS | | TRN | |
| | | | | <input type="checkbox"/> OWN <input type="checkbox"/> RENT \$ ____ PER MONTH | | | |
| EMPLOYER (Name & Address) | | | POSITION | LENGTH OF SERVICE | GROSS ANNUAL SALARY | | |
| TELEPHONE NO. | | | | | \$ | | |
| PREVIOUS EMPLOYER (if at above for less than 2 years) | | | | | | | |
| SPOUSE'S EMPLOYER (Name & Address) | | | POSITION | LENGTH OF SERVICE | GROSS ANNUAL SALARY | | |
| TELEPHONE NO. | | | | | \$ | | |
| ACCOUNTS AT OTHER BANKS | | IF NEW LOAN ACCOUNT, RECORD IDENTIFICATION DETAILS <i>(e.g. Driver's Licence Number)</i> | | OTHER INCOME – SOURCE (S) & AMOUNT (S) | | | |
| BRANCH | | | | | | | |
| DETAILS OF ASSETS & LIABILITIES <i>(if item marked * is more than one, list overleaf with description)</i> | | | | | | | |
| DESCRIPTION | | ASSETS At C/V | | DESCRIPTION | | LIABILITIES | |
| REAL ESTATE | | | | LOAN (S) ON REAL ESTATE* | | | |
| MOTOR VEHICLE (S)* | | | | LOAN (S) ON MOTOR VEHICLE (S)* | | | |
| FURNITURE & EQUIPMENT | | | | LOAN ON FURNITURE & EQUIPMENT | | | |
| LIFE INSURANCE CASH SURRENDER VALUE <i>(Not Life Cover)</i> | | | | CURRENT ACCOUNT OVERDRAFT | | | |
| OTHER NON-CASH ASSETS* <i>(Describe overleaf) -</i> | | | | CREDIT CARDS | | | |
| AMOUNTS OWED TO YOU <i>Describe here:</i> | | | | OTHER LOANS PAYABLE BY YOU* <i>(Describe overleaf)</i> | | | |
| SAVINGS/DEPOSITS ACCOUNTS: FGB OTHER | | | | OTHER LIABILITIES NOT DESCRIBED ABOVE <i>(Describe here)</i> | | | |
| OTHER INVESTMENTS <i>(Describe overleaf)</i> | | | | SUB-TOTAL (2) | | | |
| TOTAL | | | | NET WORTH (at C/V) (1) minus (2) | | | |
| | | | | TOTAL | | | |
| DETAILS OF LIFE INSURANCE POLICIES HELD | | | | | | | |
| INSURANCE COMPANY | | SUM INSURED | | ANNUAL PREMIUM | | REMARKS (Assigned, etc.) | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| PROJECTED MONTHLY CASH FLOW NOTE: For accuracy, compute ANNUAL and divide by 12 | | | | | | | |
| OUTFLOWS | | | | INFLOWS | | | |
| SHELTER <i>(Rent/Mortgage, Property Taxes, Property Insurance, Maintenance, etc.)</i> | | | | GROSS MONTHLY SALARY & BENEFITS <i>(Based on official income verification from employer)</i> | | | |
| OTHER INSTALMENT PAYMENTS <i>(Loans, Life Insurance, Credit Card Payments, Savings, etc.)</i> | | | | SELF-EMPLOYED INCOME (NET) <i>(Audited accounts or statement from Chartered Accountant attached)</i> | | | |
| UTILITIES | | | | OTHER INCOME <i>(Give detail(s) include estimated rent (if any) from real estate owned or being acquired)</i> | | | |
| TRANSPORTATION <i>(Gas, Car Insurance License, Maintenance, etc. or Cost of Public Transportation)</i> | | | | LESS STATUTORY DEDUCTIONS AT SOURCE <i>(Income Tax, NHT, etc.)</i> | | | |
| OTHER LIVING EXPENSES <i>(Food, Clothing, Medical, School, Entertainment, etc.)</i> | | | | | | | |
| TOTAL OUTFLOWS | | | | TOTAL INFLOWS | | | |
| | | | | SUBTRACT TOTAL OUTFLOWS | | | |
| | | | | RESIDUAL INCOME AFTER>> | | | |

PARTICULARS OF REAL ESTATE HOLDINGS

| | ADDRESS(ES) | VALUATION | EXISTING LOAN BALANCE | MONTHLY PAYMENT | ACCOUNT NUMBER | LENDER |
|---|-------------|-----------|-----------------------|-----------------|----------------|--------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| | TOTAL | | | | | |

PARTICULARS OF MOTOR VEHICLE

| | TYPE | YEAR & MODEL | VALUE | LOAN BALANCE | MONTHLY PAYMENT |
|---|------|--------------|-------|--------------|-----------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| | | TOTAL | | | |

PARTICULARS OF OTHER NON-CASH ASSETS, INVESTMENTS, ETC.

| | DESCRIPTION | VALUE |
|---|-------------|-------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| | TOTAL | |

PARTICULARS OF OTHER LIABILITIES (PAYABLE OR GUARANTEED BY YOU)

| | CREDITOR | PURPOSE OF LOAN | BALANCE | MONTHLY PAYMENT |
|---|----------|-----------------|---------|-----------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| | | TOTAL | | |

PERSONAL REFERENCES (1 Relative & 1 Friend)

| | | | | | |
|---|----------|--|---------------|------|------|
| 1 | NAME: | | TELEPHONE #S: | | |
| | ADDRESS: | | HOME | WORK | CEL. |
| | | | | | |
| 2 | NAME: | | TELEPHONE #S: | | |
| | ADDRESS: | | HOME | WORK | CEL. |
| | | | | | |

I CERTIFY THAT THE INFORMATION GIVEN ABOVE AND OVERLEAF IS TRUE AND ACCURATE AND UNDERSTAND THAT THE SAID INFORMATION FORMS PART OF MY CURRENT LOAN APPLICATION ON WHICH CONDITIONS ARE STATED. I ALSO AUTHORIZE YOU TO VERIFY THE INFORMATION PROVIDED.

SIGNATURE _____

DATE _____ 20__

SIGNATURE _____

WITNESS _____