MICRO-FINANCING SOLUTIONS (MFS) LIMITED

2 Trafalgar Road, SBAJ Complex Kingston 5

LOAN APPLICATION FORM

Micro- Financing Solutions (MFS) Limited at no time holds itself to be in the business of giving advice, but will from time to time express opinions and recommendations as it sees fit, and where this is the case, any opinions and recommendations (if any) made pursuant to the above, are given in good faith but without legal responsibility, and without any intention to create a partnership, joint venture, agency or employment relationship and are subject to change without notice.

PERSONAL	INFORMA	TION				
Name of Applican	t:	First	Mido	ile	Sur	name
Date of Birth:	(DD/MM/YY)		☐ Male ☐ Fema			
I.D. Details:			I	Email:		
Home Address:						
a. Do you: 🔲	Own home Re	nt Home How lo	ong?		Other	
b. If at present a	address less than 1	year, please state	previous address:			
Contact Nos.:	Work		Home		Cel	1
Marital Status:	☐ Married	Divorced	☐ Widow/Wid	dower	Single	Common-Law
Name of spouse/c	common-law		Occup	oation of Spo	use	
Work Address of S	Spouse/common-la	nw:				
Contact Tel. No. f	or Spouse/commo	n-law: Business:		Home: _		Cell:
Number of depend	lents:	Ages:				
EMPLOY	MENT AND	FINANCIA	L INFORMAT	ΓΙΟΝ		
recent Employers			Employer's Add	rogge		
occupation:						
.nnual Income:						
-				_		
o you presently hav	•			∐ no		
		_			Balance on acc	ount \$
re you a guarantor o	•		no			
If yes, please	state: Where				Amou	ınt \$

REFERENCE INFORMATION

(One mus	et be a relative)
1. Name:	Phone Numbers:
Address:	Relationship:
2. Name:	Phone Numbers:
	Relationship:
3. Name:	Phone Numbers:
	Relationship:
SELF-EMPLOYED/BUSINESS OWNER	\overline{RS}
Name of Business:	
Address of Business:	
Business ownership: ☐ self ☐ family ☐ partne	ership other
	g & Selling Personal Services Light Manufacturing Producti
Agriculture Other (please specif	y):
Is your Business Premises?	ted? Other?
eriod of operation? Full-time?	Part-time? Seasonal? Other?
Describe your products and services:	
No. of Employees? (if any)	
Any other source of income ?	(amount and frequency)

FINANCIAL STATEMENT/Income & Expenditure Statement

SALES & IINCOME STATISTICS	MONTHLY AMOUNTS
Sales &/or Revenue or (Gross Salary)	
Less Cost of Sales/Goods Sold (not applicable for salaried persons)	
GROSS PROFIT	
Plus other Income or Revenue	
TOTAL GROSS PROFIT & OTHER REVENUE A	
TOTAL EXPENSES:	
Taxes –(employed persons)	
Rent/Mortgage,	
Salary/Wages (applicable to businesses)	
Insurance,	
Transportation	
Communication (phone, cable etc)	
Food	
Utilities	
Credit Card	
Loans	
NET PROFIT OR (LOSS) (A –B)	

Balance Sheet/Assets and Liabilities as at _____

ASSETS	LIABILITIES
Cash in hand	Present Bank Loans
Cash in bank	Hire Purchase Accounts
Outstanding Cash from Sales	Personal Loans/Relatives/Friends
Inventory/Goods/Raw Materials	Cash Due to Suppliers
Other Business Assets	Mortgage Accounts
	Other Loans
Total Current Assets	Total Outside Liabilities
Real Estate	
Equipment/Machinery & Fixtures	
Household Goods	
Motor vehicles	
Other Personal Assets	Total Surplus/Net Worth
Total Assets	Total Liabilities Plus Net worth

Total amount requested?	Interest Rate:
What is the purpose of the loan?	
Weekly/fortnightly/monthly/balloon payment Inst	stallment?
LOAN AGREEMENT	
By signing below, I/We understand that:	
I/am/ We/are responsible for the payment of all or	or any principal, interest, late fees and service charge owed by the Borrower/s to MFS
I/We agree that in the case of default of payment a Legal alternative in recovery of the said amount, a	and it is deemed necessary to use an outside Collector, Bailiff, Attorney or any other all fees will be paid by us/me.
If any installment is not paid on the due date, the with interest charge agreed on from the date of de	whole balance of the amount loaned then unpaid, shall become due and payable, efault until payment.
is hereby authorized to provide the requested infor business or person such information regarding my	ation required relative to my/our credit history or application for credit and any such rmation. MFS is further authorized to disclose to any credit bureau, reporting agency y/our credit history as is appropriate and lawful in the circumstances. I/we jointly and any and all claims in damages or otherwise arising from any disclosure.
I/We hereby declare that the above information is	true and complete. I/We agree to read and be bound by MFS Agreement.
Applicant's Signature	Date
SECTION F: OFFICE USE ONLY	7
	_
Repayment Capacity Ratio (Total Debt Service	e Ratio not to exceed 60%):
resent Monthly Loan & Interest Payments	
oposed Monthly MFS loan & Interest Payments	
otal Monthly Loan & Interest Payments	
roposed Monthly MFS loan & Interest Payments otal Monthly Loan & Interest Payments otal Debt Service Ratio (%) (T.D.S.R.) Total Debt Service Ratio = Total Loan & Interest Payments	terest Payments X 100 fit 1
otal Monthly Loan & Interest Payments otal Debt Service Ratio (%) (T.D.S.R.) Total Debt Service Ratio = Total Loan & Interest Payments	· · · · · · · · · · · · · · · · · · ·

GUARANTOR INFORMATION

rame of Guarantor:	First	Middle	Su	rname
Date of Birth:(DD/MM/YY)	Sex: Ma	ale 🗌 Female TRN	I:	
D. Details:		Email:		
ome Address:				
a. Do you: Own home	Rent Home How long? _		Other	
b. If at present address less than	1 year, please state previous	us address:		
Contact Nos.: Work	I	Home	Ce	ili
Marital Status: Married	Divorced	Widow/Widower	☐ Single	Common-Law
Name of spouse/common-law		Occupation of S	pouse	
Vork Address of Spouse/commor	n-law:			
		**		Cell:
Contact Tel. No. for Spouse/comm	mon-law: Business:	Home:		
-	Ages:			
Tumber of dependents:	Ages:	CE INFORMATIO	<u>DN</u>	
Number of dependents:	Ages:	CE INFORMATIO	DN DT LIVING WI	
Number of dependents:Number of dependents:Number of dependents:Number of dependents:	REFERENCESS OF CLOSEST RELA (One must be a re	CE INFORMATION TIVE OR FRIEND NO elative) one Numbers:	DN DT LIVING WI	TH YOU
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NAME AND ADDRI 1.Name: Address:	REFERENCESS OF CLOSEST RELA (One must be a re	CE INFORMATION ATIVE OR FRIEND NO elative) one Numbers: Relationsh one Numbers:	DN OT LIVING WITH	TH YOU
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EMPLOYMENT AND FINANCIAL INFORMATION

Present Employer:	Employer's Addi	ress:
Occupation:	Length of current employ	ment:
Annual Income:	Net Take Home Pay:	:
Previous Employer:	Address:	
Where do you transact your ba	nking business?	
Oo you presently have a loan at	any other financial institution? Yes	no
If yes, please state: where		Balance on account \$
are you a guarantor on another	person's loan? Yes no	
If yes, please state: Wh	here	Amount \$
SELF-EMPLOYED/B	USINESS OWNERS	
Name of Pusiness		
Name of Business:		
Address of Business:		
Rusiness ownership:	If □ family □ partnership □ other	
Business ownership.	r lanning partnership louici	
How would you describe you	ar business? Buying & Selling Perso	onal Services
Agriculture [Other (please specify):	
Is your Business Premises?	□ Owned? □ Rented? □ Other?	
is your Business Fremises:	Owned: Kented: Other:	
Period of operation?	Full-time? Part-time? Seaso	onal? Other?
Describe your products and	services.	
Describe your products and	Scivices.	
No. of Employees? (If any)		
Any other source of income?	? (amount and f	requency)