



Aspede Micro Loan Company Ltd

Telephone: 1-876-5017723

Email: creditinfo@aspedeloanja.com

22 Regal Plaza, Ripon Road, Cross Roads, Kingston 5

Application Form:

First Name: _____ Middle Name: _____ Last Name: _____
Alias: _____ Gender: _____ D.O.B (MM/DD/YYYY) _____
Current Address: _____ (MM/YY) _____
Previous Address: _____ (MM/YY) _____
Email: _____
Phone: _____ Cell: _____ Work: _____
TRN: _____ ID TYPE: _____ ID number: _____
Dependent: _____ Residential Status: ☐ Owned ☐ Rent/Lease ☐ Family House ☐ Other

Spouse Information

First Name: _____ Middle Name: _____ Last Name: _____
Alias: _____ Gender: _____ Phone: _____
Employer: _____ Address: _____
Job Title: _____ Work: _____

Employment Status (v): ☐ Employed ☐ Self Employed Length of Employment: _____ (#Years) _____ (#Months)
Company Name: _____ Job Title: _____
Department: _____ Company #: _____ Extension: _____
Company Address: _____
Supervisors Name: _____ Supervisor's Tel: _____
Company ID Number: _____ Employed Since: _____ (MM/YYYY)

Income:

Net Pay: _____ Pay Cycle: ☐ Monthly ☐ Fortnightly ☐ Weekly
Total Loan Amount (JA) \$ _____ Repayment Cycle: ☐ Monthly ☐ Fortnightly ☐ Weekly
Purpose for the loan: _____
Loan Period: _____ Repayment Method: ☐ Salary Deduction ☐ Standing Order
Upcoming Pay Date: _____ Bank Name: _____
Account Number: _____ Type: ☐ Savings ☐ Checking Branch: _____

Official Use Only

Suggested Loan Amount & Condition: _____

Loan Officer's Name: _____ Loan Office signature: _____

☐ Job Verification ☐ References ☐ Address Verification ☐ Credit Check

I hereby declare that all the information provided are true and no material information has been falsified or withheld. I give Aspede Micro Loan Company authorization to use all the information above to conduct background and credit checks to determine my suitability for a loan. I am aware that if my application is not approved or if I withdraw my application the application fee paid is NON REFUNDABLE

Applicant Signature: _____ Date (DD/MM/YY) _____

References (Co Worker)			References (Family)	
Name			Name	
Alias			Alias	
Relationship			Relationship	
Address			Address	
Cell:			Cell:	
Work:			Work:	
Company Name			Company Name	
Job Title:			Job Title:	
Company Address			Company Address	
Reference (Friend)			Reference (Family)	
Name			Name	
Alias			Alias	
Relationship			Relationship	
Address			Address	
Cell:			Cell:	
Work:			Work:	
Company Name			Company Name	
Job Title:			Job Title:	
Company Address			Company Address	
INCOME	\$	EXPENSES	\$	Loan affordability (\$)
Net Pay		<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage		Net Income less expenses:
Remittance		Utilities		
Commissions		School		Repayment affordability (40% of Net Pay less expenses):
Other Income		Food		
		Credit Card		
		Other Loans		
		Leisure		Loan Officer's notes:
		Insurance (Auto/personal)		
		Medical		
		Other Expenses		
Net Income		Total Expenses		

Are you applying for this loan of your own free will? ☐ Yes ☐ No

Do you feel coerced to take this loan? ☐ Yes ☐ No

Do you consider yourself to have any personal circumstances (Health or Financial) that may cause you hardship to repay this loan? ☐ Yes ☐ No

Are you or any of your close relative/associate a Politically Exposed Person (PEP) ? ☐ Yes ☐ No

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22 Regal Plaza, Cross Roads

Kingston 5

Tel: 5017723

Address Verification Report

Client's Name.....

Home Address.....

Tel Number.....

Description.....

.....

Direction to

Home.....

.....

.....

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.....

.....

Direction to place of

Business.....

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(This Section is for official use only)

Date and Time of visit.....

Comments.....

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Agent Signature.....

PEP? ☐ Yes ☐ No

VP? ☐ Yes ☐ No

Recommended for EDD? ☐ Yes ☐ No