

Telephone: 1-876-5017723 Email:aspedeloaninfo@gmail.com 22 Regal Plaza, Ripon Road, Cross Roads, Kingston 5

ID TYPE:	D.O. Work: II Rent/Lease of Employment: Job Title:	B (MM/DD/YYYY) O number: Family House Last Name (#YO	(MM/YY)(MM/YY)	onths
ID TYPE:	Work: IIRent/Lease of Employment: Job Title:	D number: Family House Last Name (#Y0	(MM/YY) (MM/YY) □Other ears)(#Mo	onths
ID TYPE:ntial Status: □Owned _ Middle Name: Phone Address:rk: Self Employed Length Company #Superv	Work: IIRent/Lease of Employment: Job Title:	D number: Family House Last Name (#Younged)	(MM/YY)	onths
ID TYPE:ntial Status: □Owned _ Middle Name: Phone Address: rk: Self Employed Length _ Company # Superv	Work: IIRent/Lease of Employment: Job Title:	D number: Family HouseLast Name(#Y0	□Other ears)(#Me	onths
ID TYPE:ntial Status: □Owned _Middle Name:PhoneAddress:rk:	II □Rent/Lease Rent/Lease of Employment: Job Title:	O number: □ Family House Last Name (#Younderstands)	□Other	onths
ID TYPE:ntial Status: □Owned _Middle Name:PhoneAddress:rk:	II □Rent/Lease Rent/Lease of Employment: Job Title:	O number: □ Family House Last Name (#Younderstands)	□Other	onths
_ Middle Name: Phone Address: rk:]Self Employed Length Company # Superv	of Employment: Job Title: visor's Tel	Last Name(#Y0	ears)(#Mo	onths
PhoneAddress:rk:	of Employment: Job Title: visor's Tel	(#Yo	ears)(#Mo	onths
PhoneAddress:rk:	of Employment: Job Title: visor's Tel	(#Yo	ears)(#Mo	onths
Address: rk: Self Employed Length Company # Superv	of Employment: Job Title: visor's Tel	(#Yo	ears)(#Mo	onths
rk:	of Employment: Job Title: visor's Tel	(#Y0	ears)(#Mo	onths
Self Employed Length Company #Superv	of Employment: Job Title: visor's Tel	Extension:		
Company #Superv	Job Title:	Extension:		
Company #Superv	visor's Tel	Extension:		
Superv	visor's Tel			
Superv				
Employed Si	nce	(MM/Y		
			YYYY)	
Pay Cycle: Monthly	/ □Fortnightly □W	eekly		
Repayment Cycle: 🗆]Monthly □Fortnig	htly 🗆 Weekly		
Repayment Method:	: □Salary Deduction	n □Standing Orde	er	
				<u>-</u>
Official Use On	nly			
Loan Office signature				
□Addres	ss Verification	□Credit (Check	
	Repayment Cycle: Repayment Method:	Repayment Cycle: Monthly Fortnig	Repayment Cycle: \Boxed Monthly \Boxed Fortnightly \Boxed Weekly \Boxed Repayment Method: \Boxed Salary Deduction \Boxed Standing Order \Boxed Bank Name: \Boxed Type: \Boxed Savings \Boxed Checking \Boxed Branch: \Boxed \Boxed Official Use Only \Boxed Loan Office signature \Boxed \Boxed Credit of \Boxed Address Verification \Boxed Credit of	Repayment Cycle:

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

References (Co	Worker)		References (F	amily)	
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 (Frie	end)		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 (\$)	
	•		<u> </u>		
Net Pay		□Rent□Mortgage		Net Income less expenses:	
Remittance		Utilities			
Commissions		School		Repayment affordability (40% of Net Pay less	
Other Income		Food		expenses):	
		Credit Card			
		Other Loans			
		Leisure		Loan Officer's notes:	
		Insurance (Auto/personal)			
		Medical			
		Other Expenses			
Net Income		Total Expenses			

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))
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Aspede Micro Loan Company Ltd

22 Regal Plaza, Cross Roads Kingston 5 Tel: 5017723

Tel: 501/7.

Address Verification Report
Client's Name
Home Address
Tel Number
Description
'
Direction to
Home
Direction to place of
Business
(This Section is for official use only)
Date and Time of visit
Comments
Agent Signature