



Aspede Micro Loan Company Ltd

Telephone: 1-876-5017723

Email: creditinfo@aspedeloanja.com

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

Guarantor 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: Work:		Cell: Work:		
Company Name Job Title:		Company Name Job Title:		
Company Address		Company Address		
Reference (Friend)		Reference (Family)		
Name		Name		
Alias		Alias		
Relationship		Relationship		
Address		Address		
Cell: Work:		Cell: Work:		
Company Name Job Title:		Company Name 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		

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

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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.....

Direction to place of

Business.....

(This Section is for official use only)

Date and Time of visit.....

Comments.....

Agent Signature.....