



Telephone: (876) 727 1331; (876) 727 1332
 WhatsApp (876) 501 7723
 Email: aspedeloaninfo@gmail.com
 22 Regal Plaza, Ripon Road, Cross Roads, Kingston 5, Jamaica

LOAN APPLICATION FORM				
LOAN INFORMATION				
Loan product:	Payday Loan	Personal loan	Business Loan	Requested loan amount:\$
Repayment:	Salary Deduction	Standing Order	Over the counter	Repayment Term : Months
APPLICANT INFORMATION				
First Name		Middle Name		Surname
Alias Name:				Gender: Male Female
Date of birth:		TRN #:		Phone:
ID type :	Voters ID	Passport	Driver's License	ID #
Current address: Directions to Home Address:				
Own Rent Living with parents / Family				How long?
Previous address:				
Name of a relative residing with you:			Phone:	
Name of a relative NOT residing with you:			Phone:	
EMPLOYMENT INFORMATION				
Current employer:				
Employer address:				How long?
Employer Phone:		E-mail:		Salary:
Position:	Pay Frequency	Weekly	Fortnightly	Monthly
Company ID #	Supervisor Name			Phone
Previous employer:				How Long?
CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT				
First Name		Middle name		Surname
Alias Name:				Gender: Male Female
Date of birth:		TRN:		Phone:
ID type:	Voters ID	Passport	Driver's License	ID # :
Current address: Directions to Home Address:				
Previous Address:				
Own Rent Living with Parents / Family				How long?
Relative residing with you			Phone:	
Relative Not residing with you			Phone:	
CO-APPLICANT EMPLOYMENT INFORMATION, IF FOR A JOINT ACCOUNT				
Current employer:				
Employer address:				How long?
Employer Phone:		E-mail:		Salary:
Position:	Pay Frequency	Weekly	Fortnightly	Monthly
Company ID #	Supervisor Name			Phone
Previous employer:				How Long
REFERENCE INFORMATION				



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LOAN APPLICATION FORM				
Name of Reference 1: (Pastor, JP, Co-worker, Friend)				
Address:			Phone:	
Employer		Employer's address		
Relationship:				
Name of Reference 2: (Pastor, JP, Co-worker, Friend)				
Address:			Phone:	
Employer		Employer's address		
Relationship:				
MONTHLY EXPENSES				
Rent: \$		Mortgage: \$		
Auto loan monthly payment : \$			Gas Bill \$	
Food		\$		
Utilities (Water, Light, Cable, Mobile)		\$		
School Fees		\$		
Insurance		\$		
Other Expenses:		\$		
		\$		
		\$		
OTHER SOURCE OF INCOME				
Description			\$	
APPLICANTS BANK DETAILS (Bank name, Account Type, Account number, Branch)				
ASSETS HELD (IF APPLICABLE)				
Description			Value	
I authorise Aspede Micro Loan Company Ltd. to verify the information provided on this form as to my credit and employment history. I fully understand that if the preliminary application fee paid is NON REFUNDABLE				
Signature of applicant			Date	
Signature of co-applicant, if for joint account			Date	
FOR OFFICE USE ONLY				
Verification Status	Employment/Income	Address	Credit	Date
Repayment Capacity:				
Loan Officer notes:				
Conditions:				
Loan Officer Assigned:			Signature	