

QR Code by Account

Date: 20-08-2018 07:54:04

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Country	ARUBA
Branch	1290
Account Number	102555016
Account Title	FREDDY ALARCON MENDOZA / SIXTA ALARCON MENDOZA
Contract Date	30-NOV-2017
Status	ACTIVE





LOAN VOUCHER

Loan No. 102555016Lender, Island Finance Aruba N.V. BRANCH 1290

Borrower(s):

(Names and Addresses)

FREDDY DE JESUS ALARCON MENDOZA

SIXTA DOMINGA ALARCON MENDOZA

POTREROWEG 2

XXXXX

ORANJESTAD

AW

Date of Loan: 11/30/17 Principal Amount: 15,164.91 Interest: 11,550.15 Administrative Fee: 2.00%
(mo/day/yr)Total Amount of Loan Monthly Installment
(Including interest): 27,018.36 Due Date: 31 Default Charge: 0.00The total amount of this loan is repayable in 54 consecutive monthly installments of 500.34each, the first payment due 12/31/2017 and the final payment due 05/31/2022 which shall be
(mo/day/yr) (mo/day/yr)

the unpaid balance plus any unpaid charges. The last installment may vary from the monthly installments. Also, I approve that Island Finance may send me any marketing promotions or special offers in any media such as text messages, emails, correspondence among others.

LOAN VOUCHER - LOAN REGISTER

1. Principal Amount of Loan 15,164.91

2. Checks To:

	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00

3. Total Checks (Subtract from Line 1) 0.004. Total Cash 15,164.915. Net Payoff Balance Due on Current Account 12,031.446. Credit Life Insurance Premium 1,033.477. Credit Accident and Health Insurance Premium 0.008. Filing or Recording Fees 0.009. Total Paid to Cashier - Lines 5, 6, 7 and 8 (Subtract from Line 4) 13,064.9110. Amount Disbursed to Customer 2,100.00

TO CASHIER:

Pay amount shown as "AMOUNT DISBURSED TO CUSTOMER" to the borrower.

(Signed) [Signature]

Manager

Verified [Signature]

(Cashier's Initials)

I (we) hereby authorize the disbursement of the proceeds of loan as set forth above and a knowledge receipt of the amount shown as "AMOUNT DISBURSED TO CUSTOMER."


[Signature]

Borrower

SIXTA DOMINGA ALARCON MENDOZA

Borrower


63 11 13 35
e/v Gámez Ramirez



I<ABWCA051210123297068072<<<<8
6311135M2208316COL63111335<<<1
ALARCON<MENDOZA<<FREDDY<DE<JES

CEQUILA DI IDENTIDAD **ARUBA**
329 7068 072
Alarcon Mendoza
Freddy de Jesus
13 NOV/NOV 1963
Riohacha
Colombiaanse
31 AUG/AUG 2017
31 AUG/AUG 2022

CA0512101
>>
M



I. F. A
Copy Same as Original
Name: Humphrey Obispo
Signature: [Signature]
Date: 11/30/2017

63 07 14 45


I<ABWCA051828539847082935<<<<7
 6307147F2110215NLD63071445<<<0
 G<MEZ<RAMIREZ<<SIXT<<DOMINGA<<

CEJULA DI IDENTIDAD **ARUBA**

984 7082 935
 Gámez Ramirez
 Sixtá Dominga
 14 JUL/JUL 1963
 Rihacha
 Nederlandse
 21 OKT/OCT 2016
 21 OKT/OCT 2021

CA0518285

V/F



Sixtá Dominga

I. F. A
 Copy Same as Original

Name: *Sixtá Dominga*
 Signature: *[Signature]*
 Date: 11/30/2017

AW-5773A-Nov17(IEC)

Toestemming tot verwerking van (persoons)gegevens leningsovereenkomst

Naam: FREDDY DE JESUS ALARCON MENDOZA Identiteitsnummer: 063111335

Naam: SIXTA DOMINGA ALARCON MENDOZA Identiteitsnummer: 0063071445

Naam: XXXXX Identiteitsnummer: _____

Verwerking (persoons)gegevens

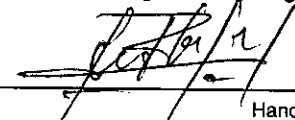
Island Finance (aruba) * N.V., hierna te noemen 'Island Finance', zal de persoonsgegevens van de schuldenaar en de vertegenwoordigers van de schuldenaar evenals de gegevens die betrekking hebben op de leningsovereenkomst in overeenstemming met de toepasselijke wetgeving verwerken. Het is Island Finance toegestaan om zodanige (persoons)gegevens binnen de groep waartoe Island Finance behoort te delen en uit te wisselen met iedere rechtsovervolger en iedere dienstverlener van Island Finance of haar rechtsverkrijgers in verband met (i) de deugdelijke uitvoering van de leningsovereenkomst of (ii) een contractsoverneming van de leningsovereenkomst aan iedere rechtsovervolger van Island Finance alsmede overdracht door Island Finance van bestaande of toekomstige vorderingen op de schuldenaar aan iedere rechtsovervolger van Island Finance. (Persoons)gegevens kunnen ook worden gedeeld met derden waarvan Island Finance of haar rechtsovervolgers gebruik maken bij hun bedrijfsvoering of dienstverlening.

Verklaring

Ik, FREDDY DE JESUS ALARCON MENDOZA, ¹ heb bovengenoemde gelezen en begrepen en verleen hierbij mijn ondubbelzinnige toestemming voor het verwerken van die (persoons)gegevens.

Ik, SIXTA DOMINGA ALARCON MENDOZA, ² heb bovengenoemde gelezen en begrepen en verleen hierbij mijn ondubbelzinnige toestemming voor het verwerken van die (persoons)gegevens.

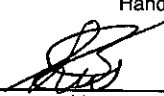
Ik, XXXXX, ³ heb bovengenoemde gelezen en begrepen en verleen hierbij mijn ondubbelzinnige toestemming voor het verwerken van die (persoons)gegevens.


Handtekening ⁴

30-11-2017
Datum


Handtekening ⁵

30 NOV 2017
Datum

Handtekening ⁶

Vertegenwoordiger Island Finance

Datum
11/30/2017
Datum

* Kies uit de volgende vestigingen één optie: Curaçao, Aruba, of Bonaire.

1. Vul de naam in die als eerste, bovenaan op dit formulier is ingevuld.
2. Vul de naam in die als tweede, bovenaan op dit formulier is ingevuld.
3. Vul de naam in die als derde, bovenaan op dit formulier is ingevuld.
4. Vul de naam in die als eerste, bovenaan op dit formulier is ingevuld.
5. Vul de naam in die als tweede, bovenaan op dit formulier is ingevuld.
6. Vul de naam in die als derde, bovenaan op dit formulier is ingevuld.

CERTIFICATE NO.

102555016

American Bankers Life Assurance Company of Florida

A Stock Insurance Company
Administrative Office: 11222 Quail Roost Drive, Miami, FL 33157-6596 • 305.253.2244

SINGLE TERM LIFE AND/OR JOINT TERM LIFE- TOTAL AND PERMANENT DISABILITY

I hereby apply for Group Life Insurance and/or Total and Permanent Disability in accordance with the provisions of the Group Policy issued by American Bankers Life Assurance Company of Florida.

SCHEDULE

FIRST NAMED INSURED DEBTOR FREDDY DE JESUS ALARCON MENDOZA		DATE OF BIRTH 11/13/63	AGE 54	JOINT NAMED INSURED (LIFE INSURANCE ONLY) XXXXX		DATE OF BIRTH	AGE
FIRST INSURED DEBTOR'S ADDRESS POTREROWEG 2 ORANJESTAD AW		XXXXX		JOINT INSURED DEBTOR'S ADDRESS (LIFE INSURANCE ONLY) POTREROWEG 2E ORANJESTAD		XXXXX AW	
FOR A TERM OF 54 MONTHS COMMENCING ON		MONTH/DAY/YEAR November 30 2017		GROUP MASTER POLICY NUMBER GMP6936			
EXPIRATION DATE		MONTH/DAY/YEAR 05/31/2022					
COVERAGES				LIMITS OF LIABILITY		PREMIUM	
GROSS DECREASING TERM LIFE INSURANCE				ORIGINAL AMOUNT OF INSURANCE	\$ 27,018.36	\$ 1,033.47	
SINGLE DISABILITY COVERAGE				MONTHLY DISABILITY BENEFITS	\$ 500.34	\$ 0.00	
WAITING PERIOD 14 days- RETROACTIVE				MONTHLY DISABILITY BENEFITS	\$ N/A	\$ N/A	
ELIMINATION PERIOD				MONTHLY DISABILITY BENEFITS	\$ N/A	\$ N/A	
THE INSURANCE AFFORDED IS ONLY WITH RESPECT TO SUCH OF THE ABOVE COVERAGES AS ARE INDICATED BY SPECIFIC PREMIUM CHARGE OR CHARGES.						TOTAL PREMIUM \$ 1,033.47	

FIRST
BENEFICIARY

ISLAND FINANCE - ARUBA

SECOND
BENEFICIARY

SIXTA ALARCON

I authorize to deduct from the proceeds of my note the aforesaid amount of my premium and to pay same to the insurer or authorize agent.

IT IS UNDERSTOOD THAT THIS PURCHASE IS VOLUNTARY ON MY PART AND HAS NOT BEEN MADE COMPULSORY BY THE CREDITOR.

WITNESS

APPLICANT

FOR YOUR OFFICE FILE

AA2186CB-0413
AA2186(IF)-0513