

PRIMARY CLIENT INFORMATION

Name of Applicant: Mr./ Mrs. /Ms.	First	Middle	Last	Maiden
Present Address	Street	City / Town	Parish / State	Country
Mailing Address	Street	City / Town	Parish / State	Country
Email Address:				
Previous Address	Street	City / Town	Parish / State	Country
Date of Birth	DD / MM / YYYY	Nationality		
Telephone Nos:	(H)	(W)	(M)	
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed
No. of Dependents	Ages			
Any previous Mortgages with Sagicor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
TRN:	Related party Connection:			

JOINT CLIENT INFORMATION

Name of Applicant: Mr./ Mrs. /Ms.	First	Middle	Last	Maiden
Present Address	Street	City / Town	Parish /State	Country
Mailing Address	Street	City / Town	Parish /State	Country
Email Address:				
Previous Address	Street	City / Town	Parish /State	Country
Date of Birth	DD / MM / YYYY	Nationality		
Telephone Nos:	(H)	(W)	(M)	
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed
No. of Dependents	Ages			
Any previous Mortgages with Sagicor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Relationship to Applicant 1A.	
TRN:	Related party Connection:			

EMPLOYMENT AND INCOME HISTORY

Details	Primary Client	Joint Client
Present Employer		
Present Employer's address		
Present Employer's Telephone No.		
Previous Employer		
Previous Employer's Address		
Previous Employer's Telephone No.		
Occupation		
Date Employed in Present Job		
Income		
-Basic Income		
-Overtime		
-Commissions		
-Dividends/Interest		
-Net Rental Income		
-Other		
Total		

	Primary Client	Joint Client
Bankers		
Credit References		

If Self-Employed	Primary Client	Joint Client
Name of business		
Address and of business		
Telephone No. of business		
How long established		
Bankers (give details of both personal and business accounts		
Annual Income derived from business		
Name of accountants and /or auditors		
Address of accountants and /or auditors		

INFORMATION REGARDING THE PROPERTY OFFERED AS SECURITY

Address _____ Street _____ City / Town _____ Parish / State _____ Country _____

Present Use of Property _____

Vol. And Folio No. _____

Use to which funds will be put _____

Purchase Construction Home Improvement Re-Finance Investment Property

Where property is already owned by applicant:

Date and amount of Mortgage Charge _____

Terms of repayment _____

Balance outstanding _____

Period of Notice required to repay _____

Where property is being purchased by applicant:

Vendors name _____

Vendors Attorney _____

Purchase Consideration _____

Name in which Title will be registered _____

Type of ownership Joint Tenancy Tenants in Common

Nature and cost of any planned improvements: _____

Where construction is to take place on land:

Cost of land and date of purchase _____

Estimated cost of building _____

Name of Architect _____

Name and address of Institution providing Interim Finance _____

Details of Loan Required:

Amount required _____

Term required _____

If property is to be rented, please state expected Rental Income _____

DETAILS OF MONTHLY INCOME AND EXPENDITURE

Monthly Expenses	Primary	Joint	Monthly Expenses	Primary	Joint
Gross Monthly Income			Housing:		
			-Rent		
Other Verifiable Income			-Proposed Mortgage Payment		
-Overtime			-Property Tax		
-Bonus			-Strata Maintenance		
-Commission			-Peril Insurance		
-Dividends/Interest			Total Housing		
-Net Rental Income			Debt		
-Other			-Existing principal and interest		
Total Gross Monthly Income			-Credit Card (5% of authorized limit)		
			-Hire purchase		
Deduction by Employer			-Other		
-Income Tax			Total Debt		
-Education			Other Household Expenses:		
-NHT, NIS			Food		
-Pension			Transportation		
-Health Insurance			Utilities		
-Other			Other		
Total Deductions			Total Other Expenses		
Net Monthly Income			Total Expenses		

STATEMENT OF ASSETS AND LIABILITIES					
Assets	Primary	Joint	Liabilities	Primary	Joint
Cash-Bank, C/ Union, B/Society			First Mortgages (If any)		
Bonds and stocks			Second Mortgage (If any)		
Accounts Receivable			Other Liabilities		
C.S.V. of Life Insurance			-Credit Card		
Land and Buildings			-Hire Purchase		
Furniture			-Car Loan		
Equipment			-Other Loans		
Motor Vehicle					
Other					
Total			Total		

SCHEDULE OF REAL ESTATE OWNED							
Address of property	Type of property	Present Market Value	Amt. Of Mortgage	Gross Rental Income	Mortgage Payments	Taxes & expenses	Net Rental Income

Total Life Insurance coverage through
Sagicor Life Jamaica Limited \$

Name of Insurance Agent:

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Certification Of Applicants:

- I/We hereby certify that the information given above is correct and agree that any material misrepresentation is a basis for the cancelation of this application and/or commitment.
- I/We hereby authorize Sagicor Life Jamaica Limited to obtain confirmation on any of the above information provided.
- It is understood that appraisal fees, legal expenses and other charges incidental to this application will be paid by me/us.

Date: (DD/MM/YYYY)

Signature of Primary Applicant

Signature Joint Applicant

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