



**NATIONAL EXPORT IMPORT BANK OF JAMAICA
CUSTOMER PERSONAL FINANCIAL STATEMENT OF AFFAIRS**

Applicant's Full Name		Spouse's Full Name	
Date of Birth	Marital Status	No. of Dependents	Address & Phone
Previous Address (If At Above For Less Than 2 Years)		At Present Address how long <input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent \$ _____ Per Month	
		Employer Name, Address & Number #	
TRN#	Position	Length of Service	Gross Annual Salary
Previous Employer (If above is less than 2 years)			
Spouse's Employer (Name & Address)		Position	Gross Annual Salary
		Length of Service	
Bank Accounts		Other Income - Sources and Amounts	
DETAILS OF ASSETS & LIABILITIES (If item marked* is more than one, list overleaf with description)			
DESCRIPTION	ASSETS	DESCRIPTION	LIABILITIES
Real Estate		Loans on Real Estate	
Motor Vehicles		Loans on Motor Vehicle	
Furniture and Equipment		Loans on Furniture and Equipment	
Life Insurance Cash Surrender Value (Not Life Cover)		Current Account Overdraft	
		Credit Cards	
Other Non-Cash Assets* (Describe Overleaf)		Other Loans Payable to You* (Describe Overleaf)	
Amounts owed to you (Describe here)		Other Liabilities not described here (Describe here)	
Savings/Deposit Accounts		SUB-TOTAL (2)	
Other Investments (Describe Overleaf)		NET WORTH (1) minus (2)	
TOTAL (1)		TOTAL	
DETAILS OF LIFE INSURANCE POLICIES HELD			
INSURANCE COMPANY	SUM INSURED	ANNUAL PREMIUM	REMARKS (ASSIGNED, ETC.)



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PROJECTED MONTHLY CASH FLOW			
NOTE: FOR ACCURACY, COMPUTE ANNUAL AND DIVIDE BY 12			
OUTFLOWS		INFLOWS	
Shelter (Rent/Mortgage, Property Taxes, Property Insurance, Maintenance, etc.)		Gross Monthly Salary and Benefits (Based on official Income verification from employer)	
Other Installment Payments (Loan, Life Insurance, Credit Card Payments, Savings, etc.)		Self-Employed Income (net) (Audited accounts or statement from Chartered Accountant attached)	
Utilities			
Transportation (Gas, Car Insurance, Licence, Maintenance, etc. of Cost of Public Transportation)		Other Income: [Give detail(s) include estimated rent (if any) from real estate owned or being acquired]	
Other Living Expenses (Food, Clothing, Medical, School, Entertainment, etc.)		Less Statutory Deductions at Source (Income Tax, NHT, etc.)	
TOTAL OUTFLOWS		TOTAL INFLOWS	
		SUBTRACT TOTAL OUTFLOWS	
		RESIDUAL INCOME AFTER	

PARTICULARS OF REAL ESTATE HOLDINGS							
	ADDRESSES	VOLUME & FOLIO #	OWNERSHIP	VALUATION	EXISTING LOAN BALANCE	MONTHLY PAYMENT	LENDER
1							
2							
3							
4							
5							

DESCRIPTION							

PARTICULARS OF MOTOR VEHICLE					
	TYPE	YEAR & MODEL	VALUE	LOAN BALANCE	MONTHLY PAYMENT
1					
2					
3					
		TOTAL			



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PARTICULARS OF OTHER NON-CASH ASSETS, INVESTMENTS ETC.

	ACCOUNT NO.	TYPE OF INVESTMENT	OWNERSHIP	VALUE
1				
2				
3				
4				
			TOTAL	

PARTICULARS OF OTHER LIABILITIES (PAYABLE OR GUARANTEED BY YOU)

	CREDITOR	TYPE	BALANCE	MONTHLY PAYMENT
1				
2				
3				
4				
5				
		TOTAL		

I CERTIFY THAT THE INFORMATION GIVEN ABOVE AND OVERLEAF IS TRUE AND ACCURATE AND UNDERSTAND THAT THE SAID INFORMATION FORMS PART OF MY CURRENT LOAN APPLICATION
I ALSO AUTHORIZE YOU TO VERIFY THE INFORMATION PROVIDED

NAME _____

NAME _____

SIGNATURE _____

SIGNATURE _____

WITNESS _____

WITNESS _____

DATE _____