



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

APPLICANT: SURNAME		CHRISTIAN NAME		SPOUSE: SURNAME		CHRISTIAN NAME	
DATE OF BIRTH (yyy/mm/dd)	MARITAL STATUS	NO. OF DEPENDENTS		ADDRESS		TELEPHONE NO(S):	
PREVIOUS ADDRESS (If At Above For Less Than 2 Years)		AT PRESENT ADDRESS FOR _____ YEARS <input checked="" type="checkbox"/> OWN <input type="checkbox"/> RENT \$ _____ PER MONTH			TRN #		
EMPLOYER (NAME & ADDRESS) TELEPHONE NO.		POSITION	LENGTH OF SERVICE	GROSS ANNUAL SALARY			
PREVIOUS EMPLOYER (IF AT ABOVE FOR LESS THAN 2 YEARS)							
SPOUSE'S EMPLOYER (NAME & ADDRESS) TELEPHONE NO.		POSITION	LENGTH OF SERVICE	GROSS ANNUAL SALARY			
DETAILS OF ASSETS & LIABILITIES (If item marked* is more than one, list overleaf with description)							
DESCRIPTION		ASSETS	DESCRIPTION		LIABILITIES		
REAL ESTATE			LOAN(S) ON REAL ESTATE*				
MOTOR VEHICLE(S)*			LOAN(S) ON MOTOR VEHICLE(S)				
FURNITURE & EQUIPMENT			LOAN(S) ON FURNITURE & EQUIPMENT				
LIFE INSURANCE CASH SURRENDER VALUE (NOT Life Cover)			CURRENT ACCOUNT OVERDRAFT				
			CREDIT CARDS				
OTHER NON-CASH ASSETS* (Describe Overleaf)			OTHER LOANS PAYABLE BY YOU* (Describe Overleaf)				
AMOUNTS OWED TO YOU (Describe here)			OTHER LIABILITIES NOT DESCRIBED ABOVE (Describe here)				
SAVINGS/DEPOSIT ACCOUNTS			SUB-TOTAL (2)				
OTHER INVESTMENTS (Describe Overleaf)			NET WORTH (1)MINUS(2)				
TOTAL (1)			TOTAL				



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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 & BENEFITS (Based on official Income verification from employer)	
OTHER INSTALMENT 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**




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PARTICULARS OF MOTOR VEHICLE					
	TYPE	YEAR & MODEL	VALUE	LOAN BALANCE	MONTHLY PAYMENT
1					
2					
3					
4					
		TOTAL			

DETAILS OF LIFE INSURANCE POLICIES HELD

INSURANCE COMPANY	SUM INSURED	ANNUAL PREMIUM	REMARKS (ASSIGNED, ETC.)

PARTICULARS OF OTHER NON-CASH ASSETS, INVESTMENTS ETC.

	ACCOUNT NO.	TYPE OF INVESTMENT	OWNERSHIP	VALUE
1				
2				
3				
4				
5				
			TOTAL	



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**PARTICULARS OF BANK ACCOUNTS**

	<b>NAME OF FINANCIAL INSTITUTION</b>	<b>NAMES ON ACCOUNT</b>	<b>ACCOUNT #</b>	<b>BALANCE</b>
1				
2				
3				
4				
5				
		<b>TOTAL</b>		

**PARTICULARS OF OTHER LIABILITIES (PAYABLE OR GUARANTEED BY YOU)**

	<b>CREDITOR</b>	<b>TYPE</b>	<b>BALANCE</b>	<b>MONTHLY PAYMENT</b>
1				
2				
3				
4				
5				
		<b>TOTAL</b>		

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 \_\_\_\_\_ 20\_\_\_\_\_