



*Put more power into your investment dollars*

Ideal Finance Corporation Limited

**Loan Application Form**



# Ideal Finance Corporation Limited

17 Ripon Road, Kingston 5, Jamaica W.I.  
Telephone: (876) 960-6390-4 Fax (876) 960-6816

## LOAN APPLICATION FORM

APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL(H): \_\_\_\_\_

\_\_\_\_\_ CELL: \_\_\_\_\_

MAILING ADDRESS (if different from above): \_\_\_\_\_

\_\_\_\_\_ EMAIL: \_\_\_\_\_

TRN NO: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GENDER: Male  Female

MARITAL STATUS: \_\_\_\_\_ NO. OF DEPENDENTS: \_\_\_\_\_ AGES: \_\_\_\_\_

DRIVER'S LICENSE NO: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

NATIONAL ID NO: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

PASSPORT TYPE/NO: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ HOW LONG?: \_\_\_\_\_ Years \_\_\_\_\_ Months

EMPLOYER (Name/Address): \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

\_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

\_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_ Part Time  Full Time  Contract

EMAIL: \_\_\_\_\_ If Contract, please state expiry date: \_\_\_\_\_

### MONTHLY INCOME

GROSS: \$ \_\_\_\_\_ OTHER INCOME: \$ \_\_\_\_\_

ALLOWANCES: \$ \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

NET PAY: \$ \_\_\_\_\_ SOURCE: \_\_\_\_\_

### MONTHLY EXPENSES

MORTGAGE/RENT: \$ \_\_\_\_\_ UTILITIES: \$ \_\_\_\_\_

NAME OF CREDITOR	ADDRESS	MONTHLY PAYMENT	LOAN BALANCE
		\$	\$
		\$	\$
		\$	\$

**NAMES AND ADDRESS OF TWO (2) RELATIVES NOT LIVING WITH YOU**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 RELATIONSHIP: \_\_\_\_\_  
 TEL: \_\_\_\_\_ CELL: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 RELATIONSHIP: \_\_\_\_\_  
 TEL: \_\_\_\_\_ CELL: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

**CHARACTER REFERENCES**

NAME: \_\_\_\_\_  
 LETTER ATTACHED: Yes  No

NAME: \_\_\_\_\_  
 LETTER ATTACHED: Yes  No

**COLLATERAL**

SECURITY	VALUE	DESCRIPTION	TITLE	COMMENTS
PROPERTY:	\$		<input type="checkbox"/>	
MOTOR VEHICLE:	\$		<input type="checkbox"/>	
INVESTMENTS:	\$			

GUARANTOR(S): \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

AMOUNT PLEDGED: \$ \_\_\_\_\_

**I hereby acknowledge that the information supplied by me above is true:-**

\_\_\_\_\_  
 Applicant's Signature

DATE: \_\_\_\_\_

\_\_\_\_\_  
 Authorized/Credit Officer of IFC

DATE: \_\_\_\_\_

**IDEAL FINANCE CORPORATION LIMITED (Company Use Only)**

PURPOSE OF LOAN: \_\_\_\_\_

LOAN AMOUNT: \_\_\_\_\_ TERM: \_\_\_\_\_ INTEREST RATE: \_\_\_\_\_ FEES: \_\_\_\_\_

MONTHLY PAYMENT: \_\_\_\_\_ REPAYMENT METHOD: \_\_\_\_\_

APPROVED:  DISAPPROVED  \_\_\_\_\_ DATE: \_\_\_\_\_

Authorized/Credit Officer of IFC

\_\_\_\_\_  
 \_\_\_\_\_



# Ideal Finance Corporation Limited

17 Ripon Road, Kingston 5, Jamaica W.I.  
Telephone: (876) 960-6390-4 Fax (876) 960-6816

## SALARY DEDUCTION FORM

TO: \_\_\_\_\_

DATE: \_\_\_\_\_

In consideration of an AGREEMENT between **IDEAL FINANCE CORPORATION LIMITED**, I \_\_\_\_\_ hereby give the irrevocable order for the allotment from my salary on a weekly/fortnightly/monthly basis, the sum of \_\_\_\_\_ Dollars \_\_\_\_\_ Cents (\$) ) in favour of the above Company commencing the month of \_\_\_\_\_ 20 and I further request that the sum so allotted be remitted to offices at 17 Ripon Road, Kingston 5, Jamaica.

**THIS ORDER SUPERCEDES ALL PREVIOUS ORDERS AND REMAINS IN FORCE UNTIL YOU ARE ADVISED BY THE SAID COMPANY THAT IT IS REPLACED BY ANOTHER ORDER OR THAT THE ALLOTMENT SHALL CEASE. THIS ORDER IS APPROVED BY IDEAL FINANCE CORPORATION LIMITED AND SHALL BE RESCINDED WITH THE APPROVAL OF THE SAID COMPANY.**

\_\_\_\_\_  
Applicant's Signature

DATE: \_\_\_\_\_

\_\_\_\_\_  
Authorized Officer of Company

\_\_\_\_\_  
STAMP/SEAL

DATE: \_\_\_\_\_

\_\_\_\_\_  
Authorized/Credit Officer of IFC

DATE: \_\_\_\_\_

### IDEAL FINANCE CORPORATION LIMITED (Company Use Only)

ACCOUNT NO	ACCOUNTS TO BE REMITTED	AMOUNT

\_\_\_\_\_  
Allocation Officer Acknowledgement

DATE: \_\_\_\_\_

\_\_\_\_\_  
HEAD OF ACCOUNTS DEPARTMENT