

Loan Application Form

- Enter all amount to the nearest dollar.
- All dates to be completed in the format of (dd/mm/yy) unless specified.

Main Applicant Information (1st Applicant)

Name as in NRIC / Passport (underline surname) <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm		Ages of dependant children:	
NRIC / Passport No.:		Child 1: Child 2: Child 3: Child 4:	
Date of Birth (dd/mm/yy):		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated / Divorced	
Contact Number:		Date of last Marital Status Change (dd/mm/yy):	
Home: Mobile: Facsimile: E-Mail:			
Residential Address:		Postal Code:	
Residential Details: <input type="checkbox"/> Owned / Buying <input type="checkbox"/> Living with relatives <input type="checkbox"/> Boarding <input type="checkbox"/> Renting <input type="checkbox"/> Provided by Employer		Date Moved to Above Address (dd/mm/yy):	
Landlord's Name as in NRIC / Passport (underline surname) <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm		Landlord's Contact No.:	
		(If lived under 3 years at present home) Lived at previous home for: Years Months	
Previous Residential Address:		Postal Code:	
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Others		Current Work Commencement Date (dd/mm/yy):	
Current Work Contact No.:		Occupation:	
Under previous employment for: Years Months		Current Employer:	
		Previous Employer (If employed under 3 years at current employer):	

Joint Applicant Information (2nd Applicant)

Name as in NRIC / Passport (underline surname) <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm		Joint Applicant Information (3rd Applicant)	
NRIC / Passport No.:		Name as in NRIC / Passport (underline surname) <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm	
Date of Birth (dd/mm/yy):		NRIC / Passport No.:	
Contact Number:		Date of Birth (dd/mm/yy):	
Home: Mobile:		Contact Number:	
Facsimile: E-Mail:		Home: Mobile:	
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Others		Facsimile: E-Mail:	
Current Work Commencement Date (dd/mm/yy):		Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Others	
Occupation:		Current Work Commencement Date (dd/mm/yy):	
Current Employer:		Occupation:	
Current Work Contact No.:		Current Employer:	
Under previous employment for: Years Months		Current Work Contact No.:	
		Under previous employment for: Years Months	
Previous Employer (If employed under 3 years at current employer):		Previous Employer (If employed under 3 years at current employer):	

Loan Request Details

Type of Loan Request: <input type="checkbox"/> New Loan <input type="checkbox"/> Loan Increase <input type="checkbox"/> Loan Refinancing		Existing Customer: <input type="checkbox"/> No <input type="checkbox"/> Yes – Since:		Amount Requested:		Interest Only Preferred: <input type="checkbox"/> No <input type="checkbox"/> Yes Term: Years	
Preferred Repayment Program: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly		Currency Switching: <input type="checkbox"/> Yes <input type="checkbox"/> No		Security Offered: <input type="checkbox"/> Yes <input type="checkbox"/> No		Purpose of Loan Application:	
				Referred by:			

Reference (Personal or Business)

Name as in NRIC / Passport (underline surname) <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm		Relationship with Applicant:	
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Have you ever had, or are there now, any judgements, attachments, or legal proceedings against you? Yes No

If yes please provide details -

Insurance

Is Insurance required for (Personal):		<input type="checkbox"/> Life only <input type="checkbox"/> Temporary / Total Disability <input type="checkbox"/> Life & Permanent Total Disability		Premium:	
Is Insurance required for (House):		<input type="checkbox"/> Contents <input type="checkbox"/> Hospital Care <input type="checkbox"/> Crisis Cover		Premium:	

Financial Position – Details of what you own in SGD

Existing Properties Details		Present Value
1) Existing Property Address:	Postal Code:	
2) Existing Property Address:	Postal Code:	
3) Existing Property Address:	Postal Code:	
Bank Account Details		Account Balance
Bank: _____ Account No.: _____		_____
Bank: _____ Account No.: _____		_____
Bank: _____ Account No.: _____		_____

Motor Vehicle(s) Details		Present Value
Make and Model: _____ Year of Manufacture: _____		_____
Make and Model: _____ Year of Manufacture: _____		_____
Make and Model: _____ Year of Manufacture: _____		_____
All other assets (Except usual home contents)		Present Value
Description: _____		_____
Description: _____		_____
Description: _____		_____
Total value of what you own:		_____

Sundry Assets (Do not add into total asset value)		
Home Contents (Insured Value)		_____
Superannuation (Estimate of current payout)		_____
Life Insurance		
Face value of policy		_____
Surrender value		_____

Financial Position – Details of what you owe in SGD

Existing Mortgages Details		Loan Balance	
1) Original Loan Amount: _____ Name of Lender: _____		_____	
2) Original Loan Amount: _____ Name of Lender: _____		_____	
3) Original Loan Amount: _____ Name of Lender: _____		_____	
Credit Card(s) (Include even if balance is nil)		Credit Limit	Credit Balance
Card Type: _____ Issuer: _____ Card No.: _____		_____	_____
Card Type: _____ Issuer: _____ Card No.: _____		_____	_____
Card Type: _____ Issuer: _____ Card No.: _____		_____	_____
Store Card(s) (Include even if balance is nil)		Credit Limit	Credit Balance
Card Type: _____ Issuer: _____ Card No.: _____		_____	_____
Card Type: _____ Issuer: _____ Card No.: _____		_____	_____
Card Type: _____ Issuer: _____ Card No.: _____		_____	_____
Other Loans		Loan Balance	
1) Original Loan Amount: _____ Name of Lender: _____		_____	
2) Original Loan Amount: _____ Name of Lender: _____		_____	

All other liabilities		Liability Balance
Details: _____		_____
Details: _____		_____
Total of what you owe:		_____

