



LEASAFRIC GHANA LIMITED PERSONAL APPLICATION FORM

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APPLICANT DETAILS

Surname_____Forenames_____

Date of birth_____Nationality_____

Marital Status_____Sex: Male/Female No. Dependants_____

Name of spouse if married_____

Driving Licence/Passport/Social Security No._____

Residential address *(to the nearest landmark)*

No. of years at current address_____Phone no._____

Mobile phone No._____Email_____

Previous address_____

Postal address_____

Highest level of Education_____

Occupation_____Monthly income_____

Employer_____

Employer's address_____

Employer's Telephone No._____

Email address_____Period of employment_____

Contact person at Office_____

BANKING DETAILS

(Please state the principal bank that rental payments are likely to be made from)

Bank_____Branch_____

Account type_____ Account no._____

Other Banks

Name of Bank

Branch

Company's auditors: _____

LEASES/LOANS WITH OTHER INSTITUTIONS

Name Of Institution _____

Outstanding Amount_____

Outstanding Months_____ Currency_____

FINANCIAL POSITION

Cash_____ Overdraft_____

Term Deposit_____ Bank Loan_____

Shares_____ Mortgage_____

Other loans_____

Real Estates (House)_____ Land_____

BUSINESS INFORMATION

Number of Employees: Casuals____ Permanent____ Unpaid____ Other____

Estimated income for Last Financial year_____

Estimated expenses for Last financial year_____

Estimated monthly income_____

Estimated monthly expenses_____

KINSHIP DETAILS

Occupation of Spouse_____

Telephone No._____Mobile_____

Spouse's employers_____

Physical address_____

Spouse's salary_____Other income_____

Next of kin (*other than spouse*)_____

Next of kin's address_____

Physical address_____

Next of kin's employers_____

Occupation_____

Telephone_____Mobile_____

GUARANTORS INFORMATION

First guarantor's name_____

Occupation _____Telephone_____

Postal address_____

Residential address (*to the nearest landmark*)

Second guarantor's name_____

Occupation _____Telephone_____

Postal address_____

Residential address (*to the nearest landmark*)

Signature :

Date:

Any false information presented shall result in the withdrawal/ cancellation of the facility.