EDUAID JAMAICA LIMITED Waterloo Road, Kingston 10

Tel: 837- 2154 or 813-4088 | Toll Free: 1-888-eduloan Facsimile: 906-0098 | Website: www.eduaid.com





| TITLE: (Mr./Ms./Mrs./Dr.) | Surname | First Name | Middle Name | Maiden Name | | | | |
|--|-----------------------|------------------------------------|------------------------|----------------|--|--|--|--|
| Present Home Address: | | | | | | | | |
| Time at Address: | Postal Code: | Parish/ City: | Country | 7: | | | | |
| Gender: Male Fe | emale Number of | Dependants E-MAIL: | | | | | | |
| Previous Home address (If less than five years above): | | | | | | | | |
| Γime at Address: | Postal Code: | Parish/ City: | Country | y: | | | | |
| Residential Status: Owr | ner (paying mortgage) | Owner (fully paid for) | Family residence Rent | ing | | | | |
| Living with Parents | Leasing/Sharing | Other: | | | | | | |
| andlord Name: | | Landlord Phone#: Home: | Work: | | | | | |
| Proof of Address: Curren | nt Utility Mor | tgage/Rent Receipt Other: | | | | | | |
| Telephone#: Home: Work: Mobile: | | | | | | | | |
| Nationality: Date of Birth (MM/DD/YYYY): / / | | | | | | | | |
| D#: | Expiry Date: | Drivers License: | Passport: Voter's | /National ID: | | | | |
| ΓRN: | Marital Sta | tus: Single Married Divorce | ced Separated Com | nmon Law Widow | | | | |
| Previous Employment S | Status: Employed | Self Employed Unemployed Employer: | | | | | | |
| | | Employed Sin | | _/ | | | | |
| Employer Address: | | | | | | | | |
| Length of time at previou | us employment: | | | | | | | |
| Bank Name: | | Account Type: (| Checking Savings | Other: | | | | |
| Branch: | Accoun | | | | | | | |
| Date Opened: | Bank L | oan? Yes: No: Loan bal | ance (if yes): | | | | | |
| Proof of Income: Two (2 | 2) Pay slips: Job Let | ter: Two (2) Months Bank State | ements: Record/Receipt | Book: | | | | |
| Net Monthly Income: \$ | | Total Expenses: \$ | Disposable In | ncome: \$ | | | | |
| Additional Income: \$ | | Source of Additional Income: | | | | | | |
| EXPENSES: Electricity:\$ | Water: \$ | Food: \$ | Rent/Mortgage: | \$ | | | | |
| Cable:\$ Other: \$ | Telephone: \$ | Credit Card: \$ | Loans: \$ | | | | | |
| Outer. p | | | | | | | | |

| TITLE: (Mr./Ms./Mrs./Dr./Pro | of) Surname | First Name | | Middle Name | Maiden/Alias Name | | | | |
|---|--|--|--------------|-------------|------------------------|--|--|--|--|
| | , | | | | | | | | |
| Present Home Address: Time at Address: | Postal Code: | Parish/ City: | | Country: | | | | | |
| Telephone#: Home: | | Work: | Mobile: | | | | | | |
| Known since (MM/DD/YYY | | | widdife. | | | | | | |
| | | | | _ | | | | | |
| Employment Status: Em | ployed Self Emplo | yed Unemployed | Student | Retired | | | | | |
| Employer: | | | 1.51 0.01 | | | | | | |
| | Employed Since (MM/DD/YYYY):/ | | | | | | | | |
| | | | | | | | | | |
| NAME AND ADDRESS OF | RELATIVE NOT LIVING W | /IIH YOU: | | | | | | | |
| | | | | | | | | | |
| TITLE: (Mr./Ms./Mrs./Dr./Pro | of) Surname | First Name | | Middle Name | Maiden/Alias Name | | | | |
| Present Home Address: | | | | | | | | | |
| Time at Address: | Postal Code: | Parish/ City: | | Country: | | | | | |
| Telephone#: Home: | Ţ | Work: | Mobile: | | | | | | |
| Employer's name and w | ork address: | | | | _ | | | | |
| Relationship to customer:Years known to customer: | | | | | | | | | |
| Occupation: | | | | | | | | | |
| NAME OF A FRIEND NOT L | IVING WITH YOU: | | | | | | | | |
| Name: | | | Contact | #: | | | | | |
| | Contact#: Occupation: | | | | | | | | |
| | Employer Contact#: Employer Address Details: | | | | | | | | |
| INSTITUTION DETAILS: | | | | | | | | | |
| Name of Institution: | | | | | | | | | |
| Student Identification N | umher | Programi | ne Name: | | | | | | |
| Duration of Programme | | Tuition Amount Being Ap | _ | | | | | | |
| Semester: | | Repayment period: | piicu Tor. w | | | | | | |
| Semester | | | | | | | | | |
| - | | are true and complete and are ion as required concerning the | | | | | | | |
| | | uaid Jamaica Limited property w | | | om any creat reporting | | | | |
| | | | | | | | | | |
| | | . ~. | | | | | | | |
| Customer Signature Date://20) | | arantor's Signature (when required) ate:/20) | | | | | | | |
| | | | | | | | | | |
| FOR USE BY EDUAID JA | AMAICA LIMITED PERSO | ONNEL ONLY | | | | | | | |
| Completed & signed by main applicant | Address confirmation | Prepared by: Date:// | | Signature: | | | | | |
| Salary deduction/ | Proof of Income | | | | | | | | |
| Standing order Reference(s) for main/ | ID & TRN of signatori | Checked by: Date:// | | Signature: | | | | | |
| joint applicant holder | Loan Agreement | | | 82. | | | | | |
| Security (where applicable) | Promissory Note | Approved by: Date:// | | Signature: | | | | | |