



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.