



# Caribbean Financial Services Corporation

*Fostering Sustainable Caribbean Development*

## Loan Application Form

<b>GENERAL INFORMATION</b>		
Business Name:		
Legal Business Name (if different from the Business Name):		
Type of Business Registration (Corporation, Limited Liability Co., Sole Proprietorship, Business Name):		
Date Business was started:		
Brief Business Description:		
Address:		
Number of Employees (list full-time and part-time as necessary):		
Telephone No:	Telephone No 2:	Fax No:
Website:		
Name & Address of Attorney-at-Law (if applicable):		
Telephone No.	Fax No.	Email Address:
Name & Address of Accountant (if applicable):		
Telephone No.	Fax No.	Email Address:

<b>PRINCIPAL(S) / OWNER(S) INFORMATION</b>		
Name:		Title/Position:
Telephone No:	Cell No:	Fax No:
Email Address:		
Percentage of Ownership:		
Name:		Title/Position:
Telephone No:	Cell No:	Fax No:
Email Address:		
Percentage of Ownership:		
Name:		Title/Position:
Telephone No:	Cell No:	Fax No:
Email Address:		
Percentage of Ownership:		

*(Circle the answer which applies)*

1. Has the business or any of its principals / owners ever filed for bankruptcy?	YES	NO
2. Has the business or any of its principals / owners had any judgments?	YES	NO
3. Is the business, or any of its principals / owners, free from liens or encumbrances?	YES	NO
4. Does the business or any of its principals / officers have any pending lawsuits?	YES	NO

**LOAN REQUEST INFORMATION**

Requested Loan Amount:	Loan Term (# of months or years):
Security to be Provided:	
Value of Security:	

**BUSINESS BANKING INFORMATION**

Bank Name:		
Bank Address:		
Account Number:		
Date Account opened:		
Banking Officer Name:	Telephone No:	Fax:
Does the business currently have any loans with the Bank above?    YES            NO		
Please provide all loan details:		

**BUSINESS REFERENCES**

(Please provide at least 2 references)

Company Name:	Contact Name:
Address:	
Telephone No:	Fax No:
Email Address:	
Company Name:	Contact Name:
Address:	
Telephone No:	Fax No:
Email Address:	
Company Name:	Contact Name:
Address:	
Telephone No:	Fax No:
Email Address:	

<b>SECURED CREDITORS</b>	
Creditor Company Name:	Contact Name:
Address:	
Telephone No:	Fax No:
Email Address:	
Balance owed: \$	
Security / Collateral held:	
Creditor Company Name:	Contact Name:
Address:	
Telephone No:	Fax No:
Email Address:	
Balance owed: \$	
Security / Collateral held:	
Creditor Company Name:	Contact Name:
Address:	
Telephone No:	Fax No:
Email Address:	
Balance owed: \$	
Security / Collateral held:	

**DECLARATION**

As an officer of the company, I understand that Caribbean Financial Services Corporation (CFSC) will rely on the information provided in this application in its evaluation of the company's request. I hereby warrant that this and any other information the company or I may supply represents a correct, complete and accurate disclosure.

I authorise CFSC to share credit information about our company with its affiliates and related parties as permitted by law and permit our bankers, suppliers, customers and other parties listed in this application and related parties to release financial information and or credit information as necessary. I consent to CFSC's contact of any other parties deemed necessary for their investigation of this application and agree to hold CFSC harmless against any claims, direct or indirect that may result from receiving such information.

I understand that if I have not provided all the information required by CFSC within 30 days, my application will be considered to have been abandoned and my documents will be returned to me.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_