



## LEASAFRIC GHANA LIMITED PERSONAL APPLICATION FORM

Affix passport  
photograph  
here

### 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.*