



Fax: 1(866)596-0994

approved@afie.ca

Lower mainland (604)808-5679 // Okanagan (250)215-1610

APPLICANT INFORMATION

<u>Legal First Name</u>	<u>Middle Name</u>	<u>Legal Last Name</u>	<u>Birth Date</u> (mm/dd/yyyy)	<u>Circle one</u> Single Married	Divorced Common law Widowed
<u>S.I.N</u>	<u>Main Contact #</u>	<u>Email Address</u>	<u>Driver's License #</u>	<u>Place of Issue & Expiry Date</u>	
<u>Current Address (include postal code)</u>		<u>Time At Address</u> Yrs Mos	<u>Previous Address (if less than 2 years)</u>		<u>Time At Address</u> Yrs Mos
<u>Current Employer</u>		<u>Time on Job</u> Yrs Mos	<u>Occupation</u>	<u>Income amount (before taxes)</u> Verifiable: Yes / No	
<u>Employer's Address</u>		<u>Phone</u>	<u>Other Source of Income (if any)</u>	<u>Income amount (before taxes)</u> Verifiable: Yes/ No	
<u>Prev. Employer (if less than 2 Years)</u>	<u>Address</u>	<u>Occupation</u>	<u>Phone</u>	<u>Time on previous job</u> Yrs Mos	
<u>Company name (if self-employed)</u>	<u>Nature of Business</u>	<u>Years in Business</u>	<u>Accountant & contact</u>		
<u>Circle one: Mortgage / Rent / Other</u>	<u>Mortgage Lender</u>	<u>Mortgage Balance</u>	<u>Property Value</u>	<u>Mortgage Insured? YES / NO</u>	
<u>Monthly Payment:</u>				Life - CI - AH - LOE	
<u>Liabilities (lenders - credit/loans)</u>	<u>Credit Limit</u>	<u>Balance owing / Monthly payment</u>	<u>Loan insured with:</u>	<u>Any additional self insurance:</u>	
			Life - CI - AH - LOE	Life - CI - AH - LOE	
			Life - CI - AH - LOE	Work Benefit: Yes / No	
			Life - CI - AH - LOE	Indicate % covered: _____	
<u>Circle all that apply</u> Filed Bankruptcy Credit Collections Late Payment on Loans Sickness or Injury within last 7 years	<u>Cash Down (if any)</u>	<u>Desired Monthly Payment</u>	<u>Comments</u>		

LOAN INFORMATION

The following have been explained and I fully understand that these are benefits made available to protect my credit and investment. I wish to have arrange my finance approval as indicated below:

Credit Life Protection: <ul style="list-style-type: none"> Asset instead of liability No medical exam required, umbrella policy Protects family & loved ones Applicant Initial _____	Credit Protection / A&H Protection: <ul style="list-style-type: none"> Protect credit & investment Retro-active period available Monthly payments looked after Applicant Initial _____	Both (Full Coverage): <ul style="list-style-type: none"> Credit Life and Credit (Accident & Health) Protection Full peace of mind Applicant Initial _____
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COLLECTION AND USE OF CREDIT INFORMATION

_____ may obtain information about you from other parties, including through a credit check, and verify information with them. You authorize those parties to give us the information may disclose information to other lenders and credit bureaus in order to help establish your credit history and support the credit process.



APPLICANT'S SIGNATURE

CO-APPLICANT'S SIGNATURE

DATE