



(FUNDACCESS)

PERSONAL INFORMATION FORM

LAST NAME FIRST NAME OTHER NAMES

I.D NUMBER

PASSPORT NUMBER

MARITAL STATUS

Single	<input type="checkbox"/>
Married	<input type="checkbox"/>
Divorced	<input type="checkbox"/>
Separated	<input type="checkbox"/>

NO. OF DEPENDENTS _____

HOME ADDRESS _____

Own

Rent

Other

TEL: _____

WORK ADDRESS _____

Own

Rent

Other

TEL: _____

Employment Status Self-employed Permanent Temporary Unemployed

Employer _____

Occupation _____

Years Employed _____

Please complete the following

Personal		Business (if applicable)	
Salary	Expenses	Income	Expenses
_____	Rent _____	_____	Stock _____
	Mortgage _____		Rent _____
	Car Loans _____		Business Loans _____
	Personal loans _____		Credit Card _____
	Hire purchase _____		Office Supplies _____
	Credit Card _____		Insurance _____
	Life Insurance _____		Vehicle Expense _____
	Gas _____		Electricity _____
	Electricity _____		Water _____
	Water _____		Telephone _____
	Telephone _____		Advertising _____
	Food _____		Professional Fees _____
	Vehicle Expense _____		Salaries/Wages _____
	Other Obligations _____		Other _____
	Total Expenses _____		Total Expenses _____
	Surplus/Deficit _____		Surplus/Deficit _____

"I hereby acknowledge the above information to be true and accurate to the best of my knowledge and it is accepted that any omission or mis-statement on this form may adversely affect my application. I hereby authorize, consent and agree to permit The Barbados Agency for Micro Enterprise Development Ltd (FundAccess). to receive supply, remit, exchange with other persons, institutions, organisations from time to time all or any financial information personal or otherwise, including the sharing and exchange of credit information which may come to the knowledge of any other person, institution, organisation or credit bureau by way of information in the course of financial dealings with me."

Signature _____

Date _____

FOR OFFICIAL PURPOSES ONLY

Credit Code	<input type="checkbox"/>	Officer _____
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	Date _____	