

Guarantor Information Form



| | | | |
|----------------------------|--|-----------------|--|
| Date: | | Loan Officer | |
| Branch: | | Processing Date | |
| Client's Name (Guarantee): | | | |

GUARANTOR PERSONAL INFORMATION

| | | | | | | | | |
|--|-----------------------------------|---------------------------------------|------------------------------------|---|------------------------------------|--|--------------------------------|-------------------------------|
| Title: | MR. <input type="checkbox"/> | MRS. <input type="checkbox"/> | MS <input type="checkbox"/> | DR <input type="checkbox"/> | PROF <input type="checkbox"/> | MISS <input type="checkbox"/> | OTHER <input type="checkbox"/> | _____ |
| Names (1st Name & Middle Name) | | | | | | | | |
| Last Name: | | | | | Nationality: | | | |
| Identification proof (Indicate as applicable with date of issue/expiry) | | | | | National ID Card | | | |
| Drivers' License | | | | Others(specify) | | | | |
| Date of Birth (dd / mm / yyyy) | | | | Preferred Language | | | | |
| Place of Birth | | | | Gender | | Female <input type="checkbox"/> | | Male <input type="checkbox"/> |
| Marital Status | Married <input type="checkbox"/> | Divorced <input type="checkbox"/> | Widowed <input type="checkbox"/> | Single <input type="checkbox"/> | Seperated <input type="checkbox"/> | No. of Children <input type="checkbox"/> Dependants <input type="checkbox"/> | | |
| Education | None <input type="checkbox"/> | Primary <input type="checkbox"/> | Secondary <input type="checkbox"/> | Technical <input type="checkbox"/> | Graduate <input type="checkbox"/> | | | |
| Occupation | Employee <input type="checkbox"/> | Entrepreneur <input type="checkbox"/> | Laborer <input type="checkbox"/> | Independent Professional <input type="checkbox"/> | | Technician <input type="checkbox"/> | | |

HOME ADDRESS (not PO Box)

| | | | | | | | |
|--------------------------------|---------------------------------|---------------------------------|------------------------------------|------------------------------------|------------------------|----------------------|----------------------|
| Street Name and Number: | | | | | | | |
| City: | | | | Living in Since | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Type of Accommodation: | Rented <input type="checkbox"/> | Family <input type="checkbox"/> | Own House <input type="checkbox"/> | Mortgaged <input type="checkbox"/> | Mortgagee Name: | | |
| Others: | | | | | | | |
| Fixed Phone: | | | Mobile Phone: | | | | |

BUSINESS INFORMATION

| | | | | | | | |
|-------------------------------|--|---|---|--------------------------------------|--|----------------------|--------------------------------|
| Name of Business: | | | | | | | |
| Business Registered: | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Date Registered: | <input type="text"/> | <input type="text"/> | <input type="text"/> | Reg No. |
| Business Type: | Sole Proprietorship <input type="checkbox"/> | Enterprise <input type="checkbox"/> | Partnership <input type="checkbox"/> | Corporate <input type="checkbox"/> | | | |
| Economic Sector: | Trade/retail <input type="checkbox"/> | Service <input type="checkbox"/> | Manufacturing <input type="checkbox"/> | Mixed <input type="checkbox"/> | | | |
| Type of Establishment: | Market <input type="checkbox"/> | Shopping complex <input type="checkbox"/> | Regular temporary market <input type="checkbox"/> | Association <input type="checkbox"/> | Independent Establishment <input type="checkbox"/> | | |
| Business Activity: | | | | | | | |
| Age of Business: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Time in Same Location : |
| Business Address: | | | | | | | |
| Business Location Map: | | | | | | | |

SPOUSE/ NEXT OF KIN INFORMATION

| | | | | | | | |
|----------------------|----------------------------------|-------------------------------|--------------------------|------------------|--|-----------------|--|
| Names | | | | Last Name | | | |
| ID No. | | | Others | | | Passport | |
| Relationship: | Husband <input type="checkbox"/> | Wife <input type="checkbox"/> | Others (specify): | | | | |

GUARANTOR'S EMPLOYER INFORMATION

| | | | |
|--------------------------------------|---|---------------|--|
| Name of Employer | | | |
| Employed Since | <input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y | Position | |
| Employer Location and Postal Address | | | |
| Employer's Physical Address | | | |
| Employee No. | | Telephone No. | |

PERSONAL ASSETS (AT HOME)

| | |
|----------------|--|
| List of Assets | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |

BUSINESS ASSETS (OTHER THAN INVENTORY; AT BUSINESS LOCATION)

| | |
|----------------|--|
| List of Assets | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |

DECLARATION

I declare that the information contained above provided by me are true and correct. I authorize ACL to obtain and use the information for the purpose of the Loan advanced to [Client]

Completed and signed at _____, on _____

For Guarantor _____
 Name Signature Date

For ACL: _____
 Name Signature Date