



ADVISORY | FINANCING | CONSULTING

PERSONAL STATEMENT OF AFFAIRS

E-FORM CFCL (2010-03)

File Number: CFCL-
(Mo. Day Year) Business loan reference

Personal Information

First Name	Middle Name	Surname	Social insurance no.	Date of birth (Mo. Day Year)
Home address (Apt./P.O. box/Street and Number)		City/Town	Prov.	Postal code
Home telephone no.	Business telephone no.	Residence Own <input type="checkbox"/> Other <input type="checkbox"/>	Marital status	No. of dependants including spouse
Principal bank or financial institution		Address	Savings A/C no.	Chequing A/C no.
Have you ever borrowed before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes - where	When	Amount
			Previous Bank loans?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Financial Profile

Assets (List and describe all assets - Schedules on reverse)		Liabilities (List credit cards and other liabilities including alimony and child support)	
Cash - in hand	\$	Bank loans (see schedule F)	Balance owing \$
Cash - Other financial institutions		Mortgages on real estate (see schedule B)	
Life insurance C.S.V. (see schedule C)		Credit cards (please itemize)	1.
Retirement accounts (see schedule D)			2.
Marketable securities (see schedule A)			3.
Accounts and loans receivable (Please itemize)	1. 2. 3.	Other obligations (please itemize)	1. 2.
Automobiles	Make/yr. Make/yr.	(B) Total liabilities	\$
Real estate (see schedule B)		(C) Net Worth (A minus B)	\$
Business interests (see schedule E)		Sundry Obligations	
Other assets (please itemize)	1. 2. 3.	Are you personally supporting contingent obligations not listed above (e.g. co-signer/endorser/guarantor?)	Yes <input type="checkbox"/> No <input type="checkbox"/>
(A) Total Assets	\$	If yes, please indicate liability and provide details on amount, to whom and nature of obligations below:	

Present Annual Income and Expenses

Your gross income Annual salary or wages	\$	Your expenses Mortgage/rental payments	\$
Commissions and bonuses		Real estate taxes	
Dividends and interest		Federal and Provincial income taxes	
Rental income (schedule B reverse)		Insurance premiums	
Other income (please itemize)	1. 2.	Credit cards	
Subtotal	\$	Consumer loan payments	
Spouse's gross income Annual salary or wages		Alimony, child support or maintenance payments	
Other income (please itemize)	1. 2.	Other expenses (please itemize)	1. 2. 3. 4.
Total annual income	\$	Total annual expenses	\$

Employment Information

Employer's name and address	Yrs. there	Telephone no.
Occupation	Previous employer's name and address	Telephone no.

Data on Spouse

First Name	Initial	Surname	Occupation	Social insurance no.	Date of birth (Mo. Day Year)
Employer's name and address			Yrs. there	Telephone no.	

General Information (if you answer YES to any of these questions, please provide details)

Have you ever had an asset repossessed? Yes No Details _____
 Are you involved in any claims or lawsuits? Yes No _____
 Have you ever declared bankruptcy? Yes No _____
 Do you owe any back taxes? Yes No _____

Schedule A: Marketable Securities, Stocks and Bonds

No. of units/shares	Description	In name of whom	Market value per share	Where quoted or listed	Total market value	Pledged as collateral
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

Schedule B: Real Estate (1) Primary residence (2) Other

1. Street name and number		City	Province	Legal description	% ownership	
Title in name of	Date acquired (Mo Day Year)	Purchase price	Market value	Gross annual rental income	Net monthly rental income	Annual taxes, insurance, maintenance & misc.
Name of mortgage holder e.g. financial institution			Amount of mortgage		Annual mortgage payments	
1st	2nd	1st \$	2nd \$	1st \$	2nd \$	
2. Street name and number		City	Province	Legal description	% ownership	
Title in name of	Date acquired (Mo Day Year)	Purchase price	Market value	Gross annual rental income	Net monthly rental income	Annual taxes, insurance, maintenance & misc.
Name of mortgage holder e.g. financial institution			Amount of mortgage		Annual mortgage payments	
1st	2nd	1st \$	2nd \$	1st \$	2nd \$	

Schedule C: Individual and Group Life Insurance

Insurance company	Beneficiary	Face amount	Policy loans	Cash surrender value

Schedule D: Retirement Accounts (Tax sheltered investments)

Quantity	Administrator (financial institution, broker etc.)	Description including RRSPs, RHOSPs, DPSPs, pension fund, etc.	In name of whom	Current value per unit	Total current value

Schedule E: Business Interests

List all business in which you are an owner	% owned	Position/title	Net worth of business	Type of business	Year established

Schedule F: Bank Loans (Exclude real estate loans)

Lender	Purpose	Date of loan (Mo. Day Year)	Payment (per Mo/Qtr/Pa)	Collateral description	Original amount	Outstanding balance

Declaration

The undersigned hereby declare(s) that all the information provided herein and on the accompanying statements is to the best of my/our knowledge true, complete and correct and understand it will be used by the Lender/ Bank to determine credit worthiness. The proceeds of the loan applied for will be used for business purposes and not for personal, family or household purposes. The undersigned further consent(s) to Canadawide Financial (CFCL) and/ or their appointee(s) making any enquiries it deems necessary to reach a decision on this application, and consent(s) to the disclosure at any time of any credit information about me/ us to any credit reporting agency or to any one with whom I/we have financial relations.

Per:

(Mo. Day Year)

Signature of applicant

Signature of applicant

Date