

**THE MARITIME FINANCIAL GROUP**  
**Fidelity Finance and Leasing Company Limited**  
 #29 Tenth Avenue, Barataria. Phone # 674-0130 Fax # 675-2830  
 Email Address [fidelity@maritime.co.tt](mailto:fidelity@maritime.co.tt)

**CAR LOAN APPLICATION FORM**

PERSONAL INFORMATION	
Name (1)	Name (2) (Co-Applicant or Surety) Relation:
Current Address  Number of years at this address Previous address if less than 2 years	Current Address  Number of years at this address Previous address if less than 2 years
Status: <input type="checkbox"/> Owner occupied <input type="checkbox"/> Tenanted <input type="checkbox"/> Other _____ Name of Landlord _____ Phone # _____	Status: <input type="checkbox"/> Owner occupied <input type="checkbox"/> Tenanted <input type="checkbox"/> Other _____ Name of Landlord _____ Phone # _____
Home Phone # _____ Cell # _____ Email address _____ Fax # _____	Home Phone # _____ Cell # _____ Email address _____ Fax # _____
Driver's Permit # _____ Photocopy <input type="checkbox"/> Verified <input type="checkbox"/>	Driver's Permit # _____ Photocopy <input type="checkbox"/> Verified <input type="checkbox"/>
Date of Birth _____ Age _____	Date of Birth _____ Age _____
Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Nationality _____	Nationality _____
Dependents (State Number) Details	Dependents (State Number) Details
Employment Information Name of Employer Address  Department _____ Manager _____ Phone # _____ Ext# _____ Fax# _____ Position Held Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Temp <input type="checkbox"/> Probation <input type="checkbox"/> Contract <input type="checkbox"/> Details Number of years in this employment Previous employer if less than 2 years	Employment Information <input type="checkbox"/> Team Member <input type="checkbox"/> Agent Name of Employer Address  Department _____ Manager _____ Phone # _____ Ext # _____ Fax# _____ Position Held Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Temp <input type="checkbox"/> Probation <input type="checkbox"/> Contract Details Number of years in this employment Previous employer if less than 2 years
Spouse's Name Spouse's Employment Address  Telephone # _____ Ext. # _____ Income \$ _____ (if applicable)	Spouse's Name Spouse's Employment Address  Telephone # _____ Ext. # _____ Income \$ _____ (if applicable)
Please give us the name of a close friend-address other than own Name _____ Relation _____ Address _____ Phone no. _____ Employed at _____ Work phone contact _____ Ext. # _____	Please give us the name of a close friend-address other than own Name _____ Relation _____ Address _____ Phone no. _____ Employed at _____ Work phone contact _____ Ext. # _____
Existing TMFG client <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> FFLC <input type="checkbox"/> MLCL <input type="checkbox"/> MARGEN	How Long _____

DOLLAR VALUES ONLY

**FINANCIAL INFORMATION**

**Savings/Chequing/Fixed Deposits / Accounts at Banks/Financial Institutions/Credit Union/Other**

Bank/Fin. Inst.	Branch/Contact	Type of Deposit	Account No.	A/C Opened	Balance
1.					\$
2.					

**Short Term Credit Facilities Bank/Financial Institution/Credit Union/Other**

Lender	Branch/ Contact	Orig. Amt/ O/Draft Lt.	Balance	Mthly Inst.	Arrears/ Date Paid To	Security
1.						
2.						

**Long Term Credit Facilities (Real Estate)**

Location (Indicate if Land only)	Market Value	Mortgage/ Contact	Mortgage O/S	Repymt	Arrears/ Date Paid To	Insurance
1.						
2.						

