



**Primary Applicant:**

Name (first/init./last): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Home: (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_  
Years at Res.: \_\_\_\_\_ Months: \_\_\_\_\_  
Previous Address: \_\_\_\_\_  
\_\_\_\_\_ Yrs.: \_\_\_\_\_

**Know Your Customer (KYC)**

Male  Female  
Marital Status: \_\_\_\_\_ Birth Date: (M/D/Y) \_\_\_\_\_  
 Single S.I.N.: \_\_\_\_\_  
 Married  
 Widowed No. of Dependents: \_\_\_\_\_  
 Separated ID Type: \_\_\_\_\_ Reference # \_\_\_\_\_  
 Divorced  
 Common Law ID Type: \_\_\_\_\_ Reference # \_\_\_\_\_  
**Dwelling Status:**  Rent  Own  
 Rents & Buying  Living with parents  
 Other: \_\_\_\_\_

**Employment**

**Current Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_  
Job Description: \_\_\_\_\_  
Annual Income: \$ \_\_\_\_\_  
Length of Employment: Yrs.: \_\_\_\_\_ Mths.: \_\_\_\_\_  
Industry Sector: \_\_\_\_\_  
Occupation: \_\_\_\_\_

**Income Type:**  Salaried  Self Employed  Pensioner  
 Alimony/Support  Commission  Contract  
 Other: \_\_\_\_\_

Additional Income: \_\_\_\_\_ \$ \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

Job Description: \_\_\_\_\_  
Annual Income: \$ \_\_\_\_\_  
Length of Employment: Yrs.: \_\_\_\_\_ Mths.: \_\_\_\_\_  
Industry Sector: \_\_\_\_\_  
Occupation: \_\_\_\_\_

**Existing Insurance Coverage**

**Group Life Insurance** Coverage Amount \$ \_\_\_\_\_  
(i.e. Employer or Association Plan)  
 **Personal Life Insurance** Coverage Amount \$ \_\_\_\_\_  
(i.e. Individual Coverage)  
 **Credit Protection Insurance** Coverage Amount \$ \_\_\_\_\_  
(i.g. Mortgage Insurance)

**Critical Illness Insurance** coverage under existing plan(s)  Yes  No

**Disability Insurance** coverage under existing plan(s)  Yes  No

**Assets / Liabilities**

Types / Description	Financial Institution	Years	Asset Value	Liability Bal.	Mthly. Pymt.	Co-Borrower
_____	_____	_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>

**Real Estate**

Address: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_   
Address: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_   
Total Assets: \$ \_\_\_\_\_  
Total Liabilities: \$ \_\_\_\_\_  
Net Worth: \$ \_\_\_\_\_

**Mortgage Property**

Street Address: \_\_\_\_\_ Apt.: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_  
Monthly Maintenance: \$ \_\_\_\_\_ Annual Property Taxes: \$ \_\_\_\_\_  
Lot Number: \_\_\_\_\_ **Tenure Code:**  Freehold  Leasehold  Condo  
Plan No.: \_\_\_\_\_ **Lot Size:** Length: \_\_\_\_\_ Width: \_\_\_\_\_  
Partial Lot No.: \_\_\_\_\_  Feet  Metres  
Conc./Twnshp.: \_\_\_\_\_ **Building Age:** Months: \_\_\_\_\_ Years: \_\_\_\_\_  
**Building Size:** Length: \_\_\_\_\_ Width: \_\_\_\_\_  
 Feet  Metres  
Dwelling Type: \_\_\_\_\_ **Owner Type:**  Investor  Primary, Owner Occupied  Secondary, Owner Occupied  
House Type: \_\_\_\_\_ **Building Type:**  New  Existing  Improvement  
Zoning: \_\_\_\_\_ **Environmental Hazard:**  Yes  No  
Square Footage: \_\_\_\_\_

**Joint Applicant/Guarantor:**

Name (first/init./last): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Home: (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_  
Years at Res.: \_\_\_\_\_ Months: \_\_\_\_\_  
Previous Address: \_\_\_\_\_  
\_\_\_\_\_ Yrs.: \_\_\_\_\_

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