

# HCB Trust Ek. för.

Please print form and fill in the relevant information and send to HCB Trust Ek. för., Solna Strandväg 78, 171 54 Stockholm, Sweden or fax to +46 (0)8 5052-1010.

## Personal Loan Application Form

Individual Applicant(s)

Are you an existing member of HCB Trust Ek. för.?  Yes  No

1. Details of Loan			
Type	<input type="checkbox"/> Term	<input type="checkbox"/> Over-draft facility	

2. Loan Requirements		
Purpose	<input type="checkbox"/> New Purchase	<input type="checkbox"/> For Emergencies
Loan Required	<input type="checkbox"/> Term Loan :U S\$ _____	<input type="checkbox"/> Overdraft : US\$ _____
Payment Mode	<input type="checkbox"/> Fully serviced by Cash	<input type="checkbox"/> Fully serviced by retirement funds (RF)
	<input type="checkbox"/> Partial payment by cash/RF _____	

3. Personal Data	Main Applicant	Joint Applicant (To be completed for joint application only)
Full Name as in ID/PP (Please underline F/name)	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mdm <input type="checkbox"/> Mrs <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mdm <input type="checkbox"/> Mrs <input type="checkbox"/> Dr
Alias (If applicable)		
ID/PP No.		
Date of Birth (dd/mm/yyyy)		
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
No. of Dependant(s)		
Citizenship	<input type="checkbox"/> Swedish <input type="checkbox"/> Foreigner	<input type="checkbox"/> Swedish <input type="checkbox"/> Foreigner
Nationality (For non-Swedish only)		
Highest Education	<input type="checkbox"/> PhD <input type="checkbox"/> Masters <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> High School <input type="checkbox"/> Others	<input type="checkbox"/> PhD <input type="checkbox"/> Masters <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> High School <input type="checkbox"/> others
Residential Address		
	Postal/Zip Code	Postal/Zip Code
Telephone	Office HP	Office HP
Foreign Address (For non-Swedish only)		
Email Address		
Type of Residence		
Residential Ownership	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Parents' <input type="checkbox"/> Relatives' <input type="checkbox"/> Mortgaged <input type="checkbox"/> Employers'	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Parents' <input type="checkbox"/> Relatives' <input type="checkbox"/> Mortgaged <input type="checkbox"/> Employers'
	(If rented, rent paid per month : US\$ _____)	(If rented, rent paid per month : US\$ _____)
Years of Residence		
Car Ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address	<input type="checkbox"/> Home <input type="checkbox"/> Office	Relationship to main applicant _____

4. Employment Data			
Self-employed	<input type="checkbox"/> No <input type="checkbox"/> Yes, number of employees _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, number of employees _____	
Name of Employer/ Business			
Office Address			
	Postal Code	Postal Code	
Position/ Job Title			
Length of Employment/ Business	yrs mths	yrs mths	
Type of Industry			
Professional Grade			

Income	Annual income	US\$ _____	Annual income	US\$ _____
	Monthly commission/ freelance income	US\$ _____	Monthly commission/ freelance income	US\$ _____
	Monthly salary + fixed allowance	US\$ _____	Monthly salary + fixed allowance	US\$ _____
	Other regular monthly income	US\$ _____	Other regular monthly income	US\$ _____
	Other sources of income (eg. rental)	_____	Other sources of income (eg. rental)	_____
Income Structure	<input type="checkbox"/> Fully salaried <input type="checkbox"/> Fully commissioned		<input type="checkbox"/> Fully salaried <input type="checkbox"/> Fully commissioned	
	<input type="checkbox"/> Salary with commission of 20% or less		<input type="checkbox"/> Salary with commission of 20% or less	
	<input type="checkbox"/> Salary with commission above 20%		<input type="checkbox"/> Salary with commission above 20%	
	<input type="checkbox"/> Freelance/ part-time		<input type="checkbox"/> Freelance/ part-time	
	If you have been in your present job for less than 2 years, please provide the following details:			
Previous Employer Name/Business	_____			_____
Years in Previous Job	_____			_____

**5. Credit References**

Credit Card(s) Details	Card Issuer	Member Since			Card Issuer	Member Since		
	1.				1.			
	2.				2.			
Bank Loan Details	Financial Institution	Type of Facility	Loan Amount	Monthly Payment	Financial Institution	Type of Facility	Loan Amount	Monthly Payment
	1.				1.			
	2.				2.			

**6. Documentary Requirements**

Latest Income Tax Returns (For self-employed, two years of Assessments is required) Or Copy of latest computerized payslip	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of ID/PP (front & back) – including guarantor(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Last 3 months' bank statements	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**7. Declarations**

By submitting this application, I hereby represent and warrant that:

- a) All information about me (if any) stated in this application is true, complete and correct in all respects.
- b) Authorize you to verify the information about me (if any) in the application, to request and/or receive any other information about me, and to exchange and/or provide any information about me, including (without limitation) submitting information to and requesting reports from any consumer credit bureau or reference agency at any time. I understand that information provided to a consumer credit bureau or reference agency will be available to other organizations for their credit decisioning (which expression includes (without limitation) any decisioning as to whether or not to grant, continue, or revise the terms of, any credit facilities to me or any person for whom I stand as surety or guarantor).

I also understand that a consumer credit bureau or reference agency, in providing information to other organizations, may disclose the fact that you have requested report(s) about me from such bureau or agency.

..... Name:	..... Name:
ID/PP No.	ID/PP No.
Date:	Date