



Aerospace Education Development Programme

Loan Application Form

Jamaica Civil Aviation Authority

4 Winchester Road, Kingston 10, Telephone 960 3965

1. PERSONAL INFORMATION				
NAME OF BORROWER (Surname, First Name, Middle Name)	Age	DATE OF BIRTH	GENDER	TRN
PRESENT HOME ADDRESS			OWN / RENT / OTHER	# YEARS
MAILING ADDRESS IF DIFFERENT FROM HOME ADDRESS			CELL	HOME TELEPHONE
PREVIOUS HOME ADDRESS			# YEARS	EMAIL ADDRESS
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	TELEPHONE
NO. OF DEPENDENTS	MARITAL STATUS	NATIONALITY	SPOUSES NAME	
NAME OF APPROVED INSTITUTION		COURSE OF STUDY		DURATION
2. EMPLOYMENT INFORMATION				
EMPLOYER NAME			# YEARS	OCCUPATION
EMPLOYER ADDRESS			TELEPHONE	
PREVIOUS EMPLOYER			# YEARS	OCCUPATION
PREVIOUS EMPLOYER ADDRESS			TELEPHONE	
3. CREDIT HISTORY				
NAME OF CREDITOR	AMT. BORROWED / CREDIT CARD LIMIT		AMT. OUTSTANDING	MONTHLY PAYMENT
INCOME AND EXPENDITURE STATEMENT		STATEMENT OF AFFAIRS		
Gross Monthly Income		ASSETS		
Less Deduction at Source		Cash in Hand		
Net Income (Take Home pay)		Bank Balances		
Other Income (State)		Credit Union		
		CSV (Life Insurance)		
Total Income		Subtotal 1		
Car Loan Payments		Investments		
Hire Purchase Payments		Furniture		
Life Insurance Premiums		Motor Vehicles		
Other Loan Payments		Real Estate		
Rent		Subtotal 2		
Mortgage - maintenance		Utilities (Telephone, Water, Electricity)		
Insurance (Home, Vehicle)		Living Expenses (Food, Clothing etc)		
Transportation Expenses		Educational Expenses (School Fees)		
		Medical, Dental, Optical Expenses		
		Entertainment		
		Other		
Total Expenses		TOTAL		
Surplus / Deficit				

4. PARENTS OR GUARDIAN INFORMATION			
FATHER'S NAME (Surname, First Name, Middle Name)		DATE OF BIRTH	TRN
PRESENT ADDRESS		OWN / RENT/ OTHER	# YEARS
MAILING ADDRESS IF DIFFERENT FROM HOME ADDRESS		CELL	HOME TELEPHONE
EMPLOYER NAME		# YEARS	OCCUPATION
EMPLOYER ADDRESS		WORK TELEPHONE	
MOTHER'S NAME (Surname, First Name, Middle Name)		DATE OF BIRTH	TRN
PRESENT ADDRESS		OWN / RENT/ OTHER	# YEARS
MAILING ADDRESS IF DIFFERENT FROM HOME ADDRESS		CELL	HOME TELEPHONE
EMPLOYER NAME		# YEARS	OCCUPATION
EMPLOYER ADDRESS		WORK TELEPHONE	
GUARDIAN'S NAME (Surname, First Name, Middle Name)		DATE OF BIRTH	TRN
PRESENT ADDRESS		OWN / RENT/ OTHER	# YEARS
MAILING ADDRESS IF DIFFERENT FROM HOME ADDRESS		CELL	HOME TELEPHONE
EMPLOYER NAME		# YEARS	OCCUPATION
EMPLOYER ADDRESS		WORK TELEPHONE	
5. REFEREES			
(a) NAME (Surname, First Name, Middle)			
PRESENT HOME ADDRESS		TELEPHONE (Home)	Work
EMPLOYER NAME		# YEARS	OCCUPATION
EMPLOYER ADDRESS		TELEPHONE	
PREVIOUS EMPLOYER		# YEARS	OCCUPATION
PREVIOUS EMPLOYER ADDRESS		TELEPHONE	
(b) NAME (Surname, First Name, Middle)			
PRESENT HOME ADDRESS		TELEPHONE (Home)	Work
EMPLOYER NAME		# YEARS	OCCUPATION
EMPLOYER ADDRESS		TELEPHONE	
PREVIOUS EMPLOYER		# YEARS	OCCUPATION
PREVIOUS EMPLOYER ADDRESS		TELEPHONE	

I, the undersign do hereby certified that the above information is true and correct. I authorize the Jamaica Civil Aviation Authority (JCAA) to verify same as necessary.

Applicant's Signature

Date

6. GUARANTOR INFORMATION

(a) NAME (Surname, First Name, Middle Name)		DATE OF BIRTH	TRN
PRESENT ADDRESS		OWN / RENT/ OTHER	# YEARS
MAILING ADDRESS IF DIFFERENT FROM HOME ADDRESS		CELL	HOME TELEPHONE
EMPLOYER NAME		# YEARS	OCCUPATION
EMPLOYER ADDRESS		WORK TELEPHONE	

I, the undersign do hereby certified that the above information is true and correct. I authorize the Jamaica Civil Aviation Authority (JCAA) to verify same as necessary.

Guarantor's Signature

DATE

(b) NAME (Surname, First Name, Middle Name)		DATE OF BIRTH	TRN
PRESENT ADDRESS		OWN / RENT/ OTHER	# YEARS
MAILING ADDRESS IF DIFFERENT FROM HOME ADDRESS		CELL	HOME TELEPHONE
EMPLOYER NAME		# YEARS	OCCUPATION
EMPLOYER ADDRESS		WORK TELEPHONE	

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Guarantor's Signature

DATE