

PERSONAL INFORMATION SHEET

Name															
Current address											Since				
Telephone (home) Telephone (work)					Date			Birth	Social Insurance Number						
Dravious addraga listage h S	3 110055	at nove	niccost 24	dcoss)	3)										
Previous address (if less than 3	years	at your c	urrent adi	u1 <i>e55)</i>						Driver's lice	ence num	nber			
Current employer	Current employer Position									Since					
Previous employer						<u> </u>				Number of	years				
					Overall income for the			Marital status		Matrimonia	9				
				past year											
Number of dependants (exclud	ding spo	ouse)	Spouse'	's name					Social Insura	nce Number					
									Date of Birth						
Spouse's employer	Spouse's employer Profession				n or position				Spouse's gros	s monthly inco					
Owner					Мо	nthly rent	or m	nonthly payment of							
BALANCE SHEET	ı						_								
	F	Assets Liabilities													
Deposits (reverse side)		Current deposits						oans and credit card.	s (reverse	Credit cards					
Deposite (reverse side)		Term d	eposits					ide)	3 (10 00130	Line of credit Loans applied for					
Negotiable instruments Shares									Loans applied	Loans applied for					
	Bonds						ncome tax and taxes								
Registered savings plan (reverse side)				S			_	Other short-term debt							
								description)							
Other short-term assets (description)															
						erm loans (other tha	(reverse side)	reverse side)							
								Mortgages (reverse si	de)						
Vehicles ——															
(Make, model, year)	ľ					С	Other long-term liabi	lities							
							(0	description)							
Other (description)							1								
	ŀ										-+				
Fixed assets (reverse side)							Т	otal liabilities							
Other long-term assets	_	_					Net value								
Total assets							Overall total								
SURETIES AND INDIRECT COM	MITME	ENTS		ı											
Nature					For the bene			t of	Amount						
PERSONAL INFORMATION															
Yes : Have you ever declared bankruptcy or made a consumer proposal? If so, date of discharge															
				Name	:										

100 Principale Sud, Suite 210 Maniwaki, Quebec J9E 3L4 Telephone: 819 449-1551 Toll free: 1866 449-1551 Fax: 819 449-7431 E-mail: info@sadc-vg.ca

Initials

Do you ha	ave a	iny le	gal claims or	actions (crimin	al or o	civil) pen	ıding an	d/or ur	nder way	j?											
Yes:					No:																
If so, plea	se pr	ovide	the details :																		
Do you h	ave a	a crim	inal record (a	ll offences)? If a	pard	on has b	een grar	nted, th	ne offenc	e doe	es not have	e to b	e declare	ed.							
Yes:					No	:															
EPOSITS	5																				
Name and address of institution							Type of	accour	nt			Ma	iturity dal	te and ra	tes			Cı	urrent balance		
																	TAI				
EGOTIAE	LE II	NSTR	UMENTS													10	TAL	1			
Number of units Nominal values				S	Description												Cı	urrent balance			
																TO1	-AI				
EGISTER	ED S	AVIN	GS PLAN													.0.	- _				
Name and address of institution						Type of plan					Other details								Current balance		
										_											
																T01	-Δ1				
IFE INSU	RANG	Œ														101	ΛL				
Policy da			Company n	Beneficiary Amount of				,				Loan on the policy (amount)			Net surrender value						
Υ	М	D						insu	rance	pı	remium	val	ue	(amoui	nt)						
·																					
IXED ASS Address	SETS	<u> </u>	Year	Current	Insu	ırance	Munic	inal	Mortga	anes						TO	OSS		Market		
		purchased				assess (\$1,00	sment Capital			Method of		Rate Expiry o		y date	income		9	value			
				(\$1,0000)			(ψ1,00	03)	(balanc	e)	repaym	ent		%							
Vlame and	d add	יסככ ר	of mortgage c	reditor										70							
varrie aric	3 000	1633 0	ir mortgage c	reditor																	
Name and	d add	lress c	of mortgage c	reditor																	
THER LO	NG-1	ΓERM	ASSETS													TO	TAL				
Detailed description (nature, maturity date, number, units, etc.)										Bool	k value										
																то	TAI				
Name and address of lender Type Original							Gnal	TOTA Soal and Method of Rate						*	Bala	ance					
Traine an	0 000	31 000	or terrider		1 gp	C	autho	orized			ateral		repaym			···		Date	inco		
																%					
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																%					
PACE RE	SER	/ED F	OR THE SAD	<u></u>																	
ECLARA	TION																				
hereby a	utho	rize S	ADC to obtai	ntained herein (f n, in the mann	er it d	eems sa	tisfactor	y, all d	of the ne	cessa	ary inform	atior	, and wi	thout lim	niting t	he qu	ality	of the	foregoing, a		
I authori	ze it	to ob	tain the infor	mation conceri y legislation no	ning tl	he disclo	sure of	my cre	edit, rega	ardle	ss of the s	sourc	e, as the	informe	r is her	eby a	utho	rized t	o provide SAI		
SIGNATI	JRE	:											DATE :								