

As of Date: _____ mmm/dd/yyyy	
Name: _____	Birth Date: _____ mmm/dd/yyyy
Phone: _____	Cell: _____
Email: _____	
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Number of Dependents (excluding spouse): _____	
Employed by: _____	Position: _____
How long? _____	Gross Annual Salary \$ _____
Life Insurance (face value) \$ _____ Beneficiary (ies) _____	
Have you ever declared bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, was it discharged? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of Discharge: _____	Trustee Name: _____

Spousal Information:	
Name: _____	Birth Date: _____ mmm/dd/yyyy
Phone: _____	Cell: _____
Email: _____	
Employed by: _____	Position: _____
How long? _____	Gross Annual Salary \$ _____
Life Insurance (face value) \$ _____ Beneficiary (ies) _____	
Have you ever declared bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, was it discharged? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of Discharge: _____	Trustee Name: _____

Address	
Present Address Rent <input type="checkbox"/> Own <input type="checkbox"/>	Previous Address
Street/PO Box _____	_____
City _____	_____
Province _____	_____
Postal Code _____	_____

Business Information (Who do you presently bank with?)	
Name of Bank	Address

Personal Financial Statement

Assets		
Asset	Description	Market Value
Cash		\$
RRSP		
TFSA		
Stocks/Bonds/Mutual Funds		
Equity in Business		
Vehicles		
Recreation Vehicles		
Primary Residence		
Other Real Estate		
(A) Total Assets:		\$

Liabilities						
Purpose	Creditors	Interest Rate	Years Remaining	Payment Frequency	Payment Amount	Balance Owning
Credit Cards (list all):					\$	\$
Line of Credit						
Vehicle Loans						
Other Loans						
House Mortgage						
Other Real Estate Loans						
(B) Total Liabilities:						\$
Net Worth (A-B):						\$

Personal Financial Statement

Contingent Liabilities (Loans you have personally guaranteed or co-signed for others)							
Purpose	Creditors	Date of Loan	Term in Months	Interest Rate	Payment Amount	Original Amount	Balance Owning
					\$	\$	\$
Total Contingent Liabilities:							\$

Consent Statement and Client Declaration		
<p>CREDIT INFORMATION: I/We authorize and consent to the: (i) obtaining of information; and (ii) disclosure of that information by AFSC or its agents in connection with the loan applied for, or any loan made, including the exchange of credit information with any creditor, credit grantor, credit broker, credit reporting agency or any other person with whom I/we have had, now have or propose to have business and financial dealings.</p>		
<p>FINANCIAL/BUSINESS INFORMATION: I/We authorize AFSC to obtain copies of my/our financial or business information held by any other program administered by AFSC in which I have participated, am now participating, or propose to participate, and I consent to the disclosure of any such information.</p>		
<p>I/We (the Applicant) declare that all of the information provided in support of this statement is accurate and true and understand that I/we must notify AFSC in writing immediately if this business undergoes a change in participants or I discover that any of the information contained in this statement is inaccurate or untrue. Should the information supplied not be true, AFSC may cancel my/our application, any approved loan or incentives.</p>		
Applicant Name _____	Applicant Signature _____	Date _____ <small>mmm / dd / yyyy</small>
Applicant Name _____	Applicant Signature _____	Date _____ <small>mmm / dd / yyyy</small>

This agreement may be executed in separate counterparts, each of which is original and which shall be deemed one and the same instrument and shall be fully effective as of the date executed copies are exchanged between the parties. Counterparts may be executed in original or electronic form and the parties adopt any signature received electronically as original signature of the parties.

The personal information on this form is collected under the authority of the *Agriculture Financial Services Act* and the *Freedom of Information and Protection of Privacy Act* (FOIP Act) and will be used to evaluate your eligibility for the program to which this form relates, for the administration of the program and for the administration of any other AFSC program or benefit in which you participate. Your information is subject to the provisions of the FOIP Act. If you have any questions about this form and the collection and use of information, please contact the AFSC Client Contact Centre, 5718 56th Avenue, Lacombe AB T4L 1B1, 1.877.899.2372.