

CHARITABLE LOAN APPLICATION

1. CONTACT INFORMATION

Applicant 1:

Title:	Full Name:		Social Insurance Number:	
Email:	Phone:		Date of Birth:	
Address:		City:	Province:	Postal Code:

Applicant 2: (if joint application)

Title:	Full Name:		Social Insurance Number:	
Email:	Phone:		Date of Birth:	
Address:		City:	Province:	Postal Code:

Next of Kin: (Contact information for a Power of Attorney, Executor, or a family member)

Full Name:	Phone:	Email:	Relationship:
Address:		City:	Province: Postal Code:

2. LOAN TYPE:

Amount:	Rate Quoted:	Interest: (select one) ☐ Paid Annually OR ☐ Accrued
Term: (select one) ☐ Variable ☐ 1 Year ☐ 2 Year ☐ 3 Year ☐ 4 Year		

3. BENEFICIARIES

Amount	Charity Name and Address	Amount	Charity Name and Address
%	1.	%	3.
%	2.	%	4.

4. OTHER INFORMATION:

Date:	How did you hear about us?
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