



Individual Customers Application Form – CAR LOAN

Date of Application:

All Fields Are Mandatory

Co. Reg. No : 196400348D

PERSONAL PARTICULARS			
MAIN APPLICANT		JOINT APPLICANT/GUARANTOR	
Name:		Name:	
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Tick if guarantor <input type="checkbox"/> Male <input type="checkbox"/> Female	
NRIC:	DOB (DD/MM/YYYY):	NRIC:	DOB (DD/MM/YYYY):
Race: <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Other		Race: <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Other	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Highest Education: <input type="checkbox"/> Diploma & below <input type="checkbox"/> Tertiary <input type="checkbox"/> Post Grad & above	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Highest Education: <input type="checkbox"/> Diploma & below <input type="checkbox"/> Tertiary <input type="checkbox"/> Post Grad & above
Address:		Address:	
Postal Code:		Postal Code:	
Contact No. Home: Office: HP:		Contact No. Home: Office: HP:	
E-mail Address:		E-mail Address:	
No of dependant children < 18yrs:		No of dependant children < 18yrs:	
No. of credit cards held:		No. of credit cards held:	Relationship with main applicant:
Residence: <input type="checkbox"/> Fully Owned <input type="checkbox"/> Rented <input type="checkbox"/> Leased <input type="checkbox"/> Mortgaged <input type="checkbox"/> None		Residence: <input type="checkbox"/> Fully Owned <input type="checkbox"/> Rented <input type="checkbox"/> Leased <input type="checkbox"/> Mortgaged <input type="checkbox"/> None	
Car Ownership: <input type="checkbox"/> Fully Owned <input type="checkbox"/> Rented <input type="checkbox"/> Under Financing <input type="checkbox"/> None		Car Ownership: <input type="checkbox"/> Fully Owned <input type="checkbox"/> Rented <input type="checkbox"/> Under Financing <input type="checkbox"/> None	
SIF Deposit Customer: <input type="checkbox"/> Yes <input type="checkbox"/> No	SIF Loan Customer: <input type="checkbox"/> Yes <input type="checkbox"/> No	SIF Deposit Customer: <input type="checkbox"/> Yes <input type="checkbox"/> No	SIF Loan Customer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Since when you have a banking relationship with SIF?		Since when you have a banking relationship with SIF?	
EMPLOYMENT			
MAIN APPLICANT		JOINT APPLICANT/GUARANTOR	
Occupation: <input type="checkbox"/> Management <input type="checkbox"/> Executive <input type="checkbox"/> Clerical <input type="checkbox"/> Professional (Licensed) <input type="checkbox"/> Professional (Other) <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Self employed		Occupation: <input type="checkbox"/> Management <input type="checkbox"/> Executive <input type="checkbox"/> Clerical <input type="checkbox"/> Professional (Licensed) <input type="checkbox"/> Professional (Other) <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Self employed	
Monthly income:	Years in current Job:	Monthly income:	Years in current Job:
Employer:		Employer:	