



FINANCIAL SERVICES LTD.

Company Profile Form

41b Half-Way-Tree Road, Kingston 5
Telephone: (876) 929-9253
Fax: (876) 906-1164

Company Information:

Business Name:
Business Address:
Telephone No.: Fax:
Email:
Business Activity:
Number of years in operation:
Manager's Name:

Table with 2 columns: Names of Directors, Position. Includes three rows of input lines.

Number of Employees:
Payroll Cycle:
Does your company currently undertake deductions? Yes No
If yes, state for whom:
Are you willing to facilitate deduction for Access Financial Services Limited? Yes No
Cheque due date:
Name of Bank Branch:
How will Access Financial Services Limited receive cheques?

PERSONS AUTHORIZED TO SIGN ON COMPANY'S BEHALF

Table with 2 columns: NAME & TITLE, SIGNATURE. Includes three rows for authorized personnel.

The information submitted herein will be considered as valid for a period of one year. Kindly advise us of any changes in authorized personnel occurring before the review period.



**INTERNAL USE ONLY:**

**Branch Manager**

**Company Information as per Telephone Directory:**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Make contact with Business Owner:**

Manager's Name: \_\_\_\_\_

Business Activity: \_\_\_\_\_

Number of years in operation \_\_\_\_\_

Confirm Directors \_\_\_\_\_

**NOTES**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**INTERNAL USE ONLY: CREDIT MANAGER**

**Comments**

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**If approved, state the following:**

Assigned Loan Category \_\_\_\_\_

Assigned Method of Payment \_\_\_\_\_

**OTHER COMMENTS**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**SYSTEM APPROVAL**

Approved  Disapproved

If disapproved, state reason \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date