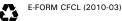


PERSONAL STATEMENT OF AFFAIRS



File Number: CFCL-

(Mo. Day Year) Business loan reference ADVISORY | FINANCING | CONSULTING **Personal Information** First Name Middle Name Surname Social insurance no. Date of birth (Mo. Day Year) Home address (Apt./P.O. box/Street and Number Prov. City/Town Postal code No. of dependants including spouse Home telephone no. Business telephone no. Residence Marital status Own 🗌 Rent [Other [Principal bank or financial institution Address Savings A/C no. Chequing A/C no. Have you ever borrowed If yes - where When Amount Previous If yes - where When Amount Yes Yes Bank before? No loans? No **Financial Profile** Assets Liabilities (List and describe all assets - Schedules on reverse) (List credit cards and other liabilities including alimony and child support) Balance owing Cash - in hand Ś Bank loans (see schedule F) Ś Cash - Other financial institutions Mortgages on real estate (see schedule B) Credit cards Life insurance C.S.V. (see schedule C) 1 (please itemize) Retirement accounts (see schedule D) 2. Marketable securities (see schedule A) 3. Accounts and Other obligations 1. 1. (please itemize) loans receivable 2. 2. (Please itemize) 3 (B) Total liabilities \$ Automobiles (C) Net Worth (A minus B) Make/yr. \$ Make/yr. Sundry Obligations Yes Real estate (see schedule B) Are you personally supporting contingent obligations not listed above (e.g. co-signer/endorser/guarantor?) No Business interests (see schedule E) Other assets If yes, please indicate liability and provide details on (please itemize) amount, to whom and nature of obligations below: 2. 3. (A) Total Assets \$ Present Annual Income and Expenses Your gross income Your expenses Annual salary or wages Mortgage/rental payments \$ Commissions and bonuses Real estate taxes Dividends and interest Federal and Provincial income taxes Rental income (schedule B reverse) Insurance premiums Other income 1. Credit cards (please itemize) 2. Consumer loan payments Subtotal \$ Alimony, child support or maintenance payments Spouse's gross income Other expenses 1. Annual salary or wages (please itemize) 2. 3. Other income 1. (please itemize) 2. 4. Total annual income \$ Total annual expenses \$ **Employment Information** Employer's name and address Yrs. there Telephone no. Occupation Previous employer's name and address Telephone no. Data on Spouse First Name Initial Surname Occupation Social insurance no. Date of birth (Mo. Day Year) Employer's name and address Yrs. there Telephone no.

General Information (if you answer	YES to any o	of these question	ons, please p	rovide details)		
Have you ever had an asset re	epossessed?	Yes 📃 🛛 No 🗌	Details				
Are you involved in any claims		Yes No					
Have you ever declared bankr	uptcy?	Yes No]				
Do you owe any back taxes? Schedule A: Marketa		Yes No) =				
	-			M/have swetch	Total manket	Diadrad as salls	
No. of Description units/shares	n	In name of whom	n Market value per share	Where quoted or listed	Total market value	Pledged as colla	iteral
						Yes No	э 🗌
						Yes 🗌 No	o 🗌
						Yes 🗌 No	o 🗌
Schedule B: Real Esta	ate (1) Primary	y residence (2) Other				
1. Street name and numbe	r		City	Province	Legal description	% owne	rship
Title in name of	Date acquired (Mo Day Year)	Purchase pric	e Market value	Gross annual rental income	Net monthly rental income	Annual taxes, insur maintenance & mis	
Name of mortgage holder	0	itution	Amount of m	0 0		ortgage payments	3
1st 2. Street name and numbe	2nd er		<u>1st \$</u> City	2nd \$ Province	1st \$ Legal description	2nd \$ % owne	rshin
			•		5 1		
Title in name of	Date acquired (Mo Day Year)	Purchase pric	e Market value	Gross annual rental income	Net monthly rental income	Annual taxes, insur maintenance & mis	rance, ic.
Name of mortgage holder	0	itution	Amount of m	ortgage 2nd \$		ortgage payments 2nd \$	3
1st Schedule C: Individua	2nd al and Group I	Life Insurance	1st \$	2110 \$	1st \$	2110 \$	
Insurance company		Beneficiary	Fac	ce amount	Policy loans	Cash surrender v	value
Schedule D: Retireme Quantity Administrator (financial institu	tion, broker etc.)	Description	including RRSPs, PSPs, pension fund,	In name o etc.	f whom Curr per	ent value Total cu unit value	urrent
Schedule E: Business	Interests						
List all business in which y		% owned I	Position/title	Net worth of business	Type of business	s Year establi	ished
Cabadula F. Dank Las	ne (Evolude r						_
Schedule F: Bank Loa Lender P	-	Date of loan	Payment	Colletoral	Origin	al Outator	nding
Lender P	Purpose	(Mo. Day Year)	(per Mo/Qtr/Pa)	Collateral description	Origin amou		
Declaration							
The undersigned hereby decla true, complete and correct and for business purposes and not appointe(s) making any enquir information about me/ us to a	understand it will be for personal, family ries it deems necess	e used by the Lender or household purpo sary to reach a dec	/ Bank to determine c oses. The undersigned ision on this applicat	redit worthiness. The further consent(s ion, and consent(s	ne proceeds of the los) to Canadawide Fina s) to the disclosure a	an applied for will be ncial (CFCL) and/ or t	used their
Per:						(Mo. Day Year))
Signature	e of applicant		Signatu	re of applicant	<u> </u>	Date	