

THE BELIZE BANK, LTD.

ACTION PLAN APPLICATION

(Please print or write clearly, answer every question with "NO" or "NONE" where applicable)

Cr. Line	Loan No.	Date
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To: **THE BELIZE BANK, LTD.**

I hereby apply for a loan, with all charges added, to be repaid in _____ (term) monthly installments beginning :

- One month from date of note
 on the following date _____ 1st Inst DD

_____ Branch

Amount of Loan	Purpose of Loan		
Full Name (please print)	Client No.	Age	No. of Dependents (inc. spouse)
Name of Spouse	Name and Address of Landlord (if renting)		
Home Address	Years There	Business Phone	Home Phone
Nearest relative with whom not living (if none, give reference)	Name	Address	Relationship

Name and Address of Employer	Years There	Presently Monthly Salary or Wages	\$ _____
Occupation	Badge or Employment No.	Other Income	\$ _____
Previous Employer	Years There	Source	_____
Name and Address of Spouse's Employer (if applicable)	Years There	Spouse's Monthly Income (if applicable)	\$ _____
		Gross Family Monthly Income	\$ _____

STATEMENT OF ASSETS AND LIABILITIES		LIABILITIES	MONTHLY COMMITMENTS
ASSETS			
Cash	\$ _____	Bank Loan A/C	\$ _____
Life Insurance	\$ _____	Hire Purchases	\$ _____
Cash Surrender Value	\$ _____	Mortgages	\$ _____
Motor Vehicles	\$ _____	Other Debts	\$ _____
Real Estate	\$ _____	Surplus (show deficit in brackets)	\$ _____
Other Assets	\$ _____		\$ _____
Totals	\$ _____		\$ _____

MEDICAL CLAUSE

"I certify that I am not undergoing any medical attention and that within the past 12 months I have not been hospitalized nor have I consulted a doctor. I further confirm that I am not suffering any serious ailment. I acknowledge by my signature below, that the Bank is not liable to pay out my debt upon my death if knowingly I did not disclose a serious ailment. I further acknowledge that the Bank is not liable to pay out my debt if my loan is in arrears 90 days or over".

DETAILS OF REAL ESTATE IF ANY, INCLUDING LOCATION, MARKET VALUE AND ALL ENCUMBRANCE:

Name of Bank and Branch or Other Depository	<input type="checkbox"/> S/A Amount of Deposit <input type="checkbox"/> C/A \$ _____	Have you borrowed in the past from this or any other branch? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have any judgements or legal proceedings against you ? _____ If so, Please explain by letter.

I warrant and confirm that the information given is true and correct and I understand clearly that it is being used to determine my credit responsibility. I further confirm that no information which might affect the Bank's decision to make the loan has been withheld. You are authorized to obtain any information you may require relative to this application from any sources to which you may apply and each source is hereby authorized to provide you with such information. You are also authorized to retain the application whether or not the relative loan is approved. My deposit account may be charged with the monthly payments as they mature and I agree to pay your customary assessment for any notices or overdue installments.

"I _____ hereby consent to your establishing an Action Plan Loan Risk Protection Scheme in favour of the Belize Bank Ltd. This coverage is to be effective as from the date on which the loan is made and on such terms and conditions set by the Bank. I expressly agree to pay the rate of discount which shall not exceed _____ % per annum on the full net proceeds of the loan."

FAMILY BUDGET ANALYSIS

INCOME	Omit Cents	
(1) Gross monthly income _____		\$ _____
(2) Less - Deduction at source _____		\$ _____
(3) Net take home pay _____		\$ _____
(4) Add - 20% of wife's monthly income, if steadily employed on a full time basis _____		\$ _____
(5) Other (specify)* _____		\$ _____
(6) Total net monthly income _____		\$ _____
EXPENDITURES - Monthly		
(7) Shelter:		\$ _____
(a) 1st Mortgage (including taxes) or Rent _____	\$ _____	
(b) 2nd Mortgage _____	\$ _____	
© Maintenance and Repairs to property _____	\$ _____	
(d) Cooking Fuel _____	\$ _____	
(e) Fire insurance _____	\$ _____	
(f) Light and Power _____	\$ _____	
(g) Telephone _____	\$ _____	
(h) Water _____	\$ _____	
(8) Transportation		\$ _____
(a) Car Licence _____	\$ _____	
(b) Car Insurance _____	\$ _____	
© Car - Operation Costs _____	\$ _____	
(d) Public transportation _____	\$ _____	
(9) Living Expenses		\$ _____
(a) Food _____	\$ _____	
(b) Clothing _____	\$ _____	
© Medical and Dental _____	\$ _____	
(d) Life Insurance _____	\$ _____	
(e) Entertainment & Social _____	\$ _____	
(f) Other (Specify) _____	\$ _____	
(10) Instalment Obligation:		\$ _____
(a) For Car _____	\$ _____	
(b) For furniture, appliance, etc _____	\$ _____	
© Other (specify) _____	\$ _____	
(d) Other (specify) _____	\$ _____	
(e) Other (specify) _____	\$ _____	
(f) Payment on proposed loan _____	\$ _____	
(11) For monthly savings _____		\$ _____
(12) Total monthly commitments _____		\$ _____
(13) Residue (line 6 minus line 12) _____		\$ _____

Completed in conjunction with Action Plan Application No. _____ dated _____ 20____

*Include Pension, etc.

Signature of Applicant