PERSONAL FINANCIAL STATEMENT

To:
Nunavut Business Credit Corporation

Address:

PO Box 2548

Iqaluit, Nunavut, X0A 0H0

Personal Financial Statement as of:

____
(DATE)

APPLICANT'S NAME(S):

HOME ADDRESS:

HOME PHONE:

IMPORTANT: DIRECTIONS TO APPLICANT

Read directions before completing Financial Statement.
Please check appropriate box

- ☐ Individual credit – If relying on your own income and assets and not the income and assets of a spouse or another person as a basis for extension or repayment or credit, complete the Financial Statement below only as it applies to you, individually. Do not provide any information about a spouse or other person. Sign the Financial Statement.
- ☐ Joint Credit – If applying for joint credit or for individual credit relying on income or assets of a spouse or another person for extension and repayment of credit requested, complete the Financial Statement below. Include information about income, assets and liabilities of the spouse or other person. Both Applicant and Spouse or Co-Applicant must sign this statement.
- ☐ Individual relying upon income or assets of spouse or other person.

Please do not leave any questions unanswered. Use "no" or "none" where necessary.

Assets	***In Even Dollars***	***Liabilities and Net Worth***	***In Even Dollars***
Cash on hand and in Banks - See Schedule A	$	Notes Payable: This Bank—See Schedule A	$
Government Securities - See Schedule B		Notes Payable: Other Institutions—See Schedule A	
Listed Securities - See Schedule B			
Unlisted Securities - See Schedule B		Notes Payable—Relatives	
Other Equity Interests - See Schedule B		Notes Payable—Others	
Accounts and Notes Receivable		Accounts and Bills Due	
Real Estate Owned - See Schedule C		Unpaid Taxes	
Mortgages and Land Contracts Receivable - See Schedule D		Real Estate Mortgages Payable—See Schedule C or D	
Cash Value Life Insurance—See Schedule E		Land Contracts Payable—See Schedule C or D	
Other Assets: Itemize		Life Insurance Loans—See Schedule E	
		Other Liabilities: Itemize	
		TOTAL LIABILITIES	$
		NET WORTH	$
TOTAL ASSETS	$	**TOTAL LIABILITIES AND NET WORTH**	$

Sources of Income	***In Even Dollars***	***General Information***	
Salary	$	Employer	
Bonus and Commissions		Position or Profession	No. Years
Dividends		Employer's Address	
Real Estate Income			Phone No.
*Other Income: Itemize		Partner, officer or owner in any other venture? ☐ No ☐ Yes If so, explain:	
TOTAL	$		
*Alimony, child support or separate maintenance payments need not be disclosed unless relied upon as a basis for extension of credit.		Are any assets pledged? ☐ No ☐ Yes Detail in Schedule A	
If disclosed, payments received under: ☐ court order ☐ written agreement ☐ oral understanding		Income taxes settled through (Date):	

Contingent Liabilities	***In Even Dollars***	***General Information (continued)***
As endorser, co-maker or guarantor	$	Are you a defendant in any suits or legal action? ☐ No ☐ Yes
On leases		If so, explain:
Legal claims		Have you ever taken bankruptcy? ☐ No ☐ Yes
Provision for federal income taxes		If so, explain:
Other special debt (e.g. recourse or repurchase liability)		Do you have a will? ☐ No ☐ Yes If yes, with whom?
		Do you have a trust? ☐ No ☐ Yes If yes, with whom?
TOTAL	$	Number of dependents ______ Ages _______________

<u>Schedule A</u>: Banks, Brokers, Savings & Loan Association, Finance Companies or Credit Unions. List here the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans.

Name of Institution	***Name on Account***	***Balance on Deposit***	***High Credit***	***Amount Owing***	***Monthly Payment***	***Secured by What Assets***
	TOTAL		**TOTAL**			

<u>Schedule B</u>: Governments, Stocks (Listed & Unlisted), Bonds (Gov't & Comm.), and Partnership Interests (General & Ltd.)

Number of	***Indicate:***			***Pledged***	
Shares, Face Value (Bonds), or % of Ownership	***1. Agency or name of company issuing security or name of partnership 2. Type of investment or equity classification 3. Number of shares, bonds or % of ownership held 4. Basis of valuation****	***In Name of***	****Market Value***	***Yes (☐)***	***No (☐)***
		TOTAL			

*If unlisted security or partnership interest, provide current financial statements to support basis for valuation.

Schedule C: Real Estate Owned (and related debt, if applicable)

Description of Property or Address	*Title in Name Of*	*Date Acq.*	*Cost + Improvements*	*Present Mkt. Value*	*Mortgage or Land Contract Payable*		
					Bal. Owing	*Mo. Payt.*	*Holder*
		TOTAL					

Schedule D: Real Estate: Mortgages & Land Contracts Receivable (and related debt, if applicable)

Description of Property or Address	*Title in Name Of*	*Date Acq.*	*Balance Receivable*	*Monthly Payment*	*Mortgage or Land Contract Payable*		
					Bal. Owing	*Mo. Payt.*	*Holder*
		TOTAL					

Schedule E: Life Insurance Carried

Name of Company	*Face Amount*	*Cash Surrender Value*	*Loans*	*Beneficiary*
TOTAL				

Signatures on next page

I/we have carefully read and submitted the foregoing information provided on all three pages of this statement to NBCC (named above). The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit with NBCC. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify NBCC of said change(s) and unless NBCC is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we authorize NBCC to make whatever credit inquiries it deems necessary in connection with this financial statement. I/we authorize and instruct any person or consumer reporting agency to furnish to NBCC any information that it may have or obtain in response to such credit inquiries.

I/we also hereby certify that no payment requirements listed herein are delinquent or in default except as follows; if "NONE" so state.

I/we fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to Criminal Code of Canada.

Applicant's Signature	Date Signed	Social Insurance No.	Date of Birth
Spouse's or Co-Applicant's Signature	Date Signed	Social Insurance No.	Date of Birth