

YOUR PERSONAL FINANCIAL STATEMENT						
Name		Date of Birth		Social Insurance No		
Street Address			City	Province	Postal Code	
Home Phone No.	Residence Own Rent Other			How long at present address? (Minimum 3 yrs Info)		
				Years	Months	
Occupation		Currently employed by (include address)		How long with employer? (Minimum 3 yrs Info)		
				Years	Months	
Employer's Phone No. (902)		Married Unmarried (this includes single, divorced and widowed) Separated			Number of dependants	
Your principal financial institution & address						

PERSONAL DATA ON YOUR SPOUSE				Under the laws of Canada or the provinces your spouse may have a legal interest or obligation arising from your business dealings and may also have an interest in your personal assets	
Spouse's Name	Date of Birth	Social Insurance No	Occupation		
Currently employed by (include address)		How long with employer? (Minimum 3 yrs Info)	Spouse's work phone no.		
		Years	Months		

FINANCIAL INFORMATION				AS AT DD/MM/YY	
ASSETS List and describe all assets		LIABILITIES List credit cards, open lines of credit, and other liabilities (including alimony and child support).			
		Value		Balance Owning	Monthly Payment
Total Chequing Balances		\$	Bank Loans (itemized on back)		
Total Savings Balances USD savings, Business account			Mortgages on Real Estate Owned*		
Life Insurance Cash Value			Bank of Montreal –		
Automobile Make _ Model					
Stocks & Bonds (see Schedule A on reverse)					
Accounts/Notes Receivables (Please itemize)			Credit Cards (Itemize)	Limit	
			BMO Mastercard		
Real Estate Owned (See Schedule B on reverse)					
Retirement Accounts eg:Registered Retirement Savings Plan					
Other Assets (Household Goods ;)					
			TOTAL MONTHLY PAYMENTS		\$
			TOTAL LIABILITIES (II)		\$
TOTAL ASSETS (I)		\$	NET WORTH (I - II)		

INCOME SOURCES		SUNDRY PERSONAL OBLIGATIONS	
Income from alimony, child support or separate maintenance does not have to be stated unless you want it considered.			
Your Gross Monthly Salary	\$	Please provide details below if you answer yes to the following question.	
Your Spouse's Gross Monthly Salary	\$	Are you providing your personal support for obligations not listed above (i.e. cosigner, endorser, guarantor)?	Yes No
Net Monthly Rental (from Schedule B on reverse)	\$	Details of any of the above	
Other Income (Please itemize)	\$		
	\$		
Total	\$		

Comment [BMO1]: Enter number of years at current address

Comment [BMO2]: Enter additional number of months at current address

Comment [BMO3]: Enter number of years with current employer

Comment [BMO4]: Enter additional number of months with current employer

Comment [BMO5]: Enter spouse's number of years with current employer

Comment [BMO6]: Enter spouse's additional number of months with current employer

SCHEDULE A STOCKS AND BONDS					
Quantity	Description	Where quoted	Market Value	Pledged as Collateral	
				YES	NO
			\$		
:					
TOTAL					

SCHEDULE B REAL ESTATE OWNED								
Please provide information on your share only of real estate owned								
PROPERTY ADDRESS (Primary residence) Plan No.:	Lot No.:	Type of Property	Present Market Value	Amount of Mortgage Liens	Gross Monthly Rental Income	Monthly Mortgage Payments	Monthly Taxes Insur. Maintenance and Misc.	Net Monthly Income
		Residence						\$
First Mortgage				Second Mortgage				
Month/Year Acquired				Purchase Price \$				
		Type of Property	Present Market Value	Amount of Mortgage Liens	Gross Monthly Rental Income	Monthly Mortgage Payments	Monthly Taxes Insur. Maintenance and Misc.	Net Monthly Income
Street			\$	1st	\$	1st	\$	\$
City	Province		\$	2nd	\$	2nd	\$	\$
NAME AND ADDRESS OF MORTGAGE HOLDER(S):		First Mortgage		Second Mortgage				
Percentage Ownership	%	Month/Year Acquired		Purchase Price \$				

GENERAL INFORMATION		
Please provide details if you answer yes to any of the following questions.		
Have you ever had an asset repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No Date
Are you party to any claims or lawsuits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you owe any taxes prior to the current year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Details		
The undersigned declare(s) that the statements made herein are for the purpose of obtaining business financing and are to the best of my knowledge true and correct. The applicant(s) consent(s) to the Bank of Montreal making any inquiries it deems necessary to reach a decision on this application, and consent(s) to the disclosure at any time of any credit information about me/us to any credit reporting agency or to any one with whom I/we have financial relations.		
Date	Signature of Applicant(s)	
X		X

PERSONAL BANKING SERVICES		
If you would like more information please tick appropriate box(es)		
<input type="checkbox"/> Chequing Accounts	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Mutual Funds
<input type="checkbox"/> Savings Accounts	<input type="checkbox"/> Term Insurance	<input type="checkbox"/> Registered Retirement Savings Plans
<input type="checkbox"/> Personal Loans	<input type="checkbox"/> Residential Mortgages	<input type="checkbox"/> Other: <u>[Please specify]</u>