KASTHAMANDAP FINANCE LTD.

ROOM-14, 3/F, BOWRING COMMERCIAL CENTER, 150-164 WOOSUNG STREET, YAUMATEI, KLN, HONGKONG
Phone: 31767057 | Fax: 31767058 | Email: inquire@kfinance.com.hk
Money Lender's Licence No.: 829/2026

LOAN APPLICATION

Loan Amount Requested * _____

Application Type ☐ Individual ☐ Joint

PERSONAL DETAILS

First Name * _____

Middle Name _____

Surname * _____

Date of Birth * _____

Gender * ☐ Male ☐ Female

Marital Status ☐ Single ☐ Married ☐ Defacto ☐ Divorced/Separated

Dependents _____

CONTACT DETAILS

Home Phone _____ **Mobile** _____

Work Phone _____

Email * _____

Address * _____

Address Type ☐ Own ☐ Rent ☐ Board ☐ Live with Parent

How long have you lived here? _____

Previous Street Address _____

EMPLOYMENT

Current Occupation _____

Employer _____

Time worked here _____

ADDITIONAL INFORMATION / COMMENTS

☐ I declare that I/we have read, understood and accept the privacy declaration and that all the information contained in this application is true and correct. *

Signature _____ **Date** _____

* Required. Warning: You have to repay your loans. Don't pay any intermediaries. If received any suspicious messages please call at hotline 3176 7057.