



Fixed Agent Application Form

BUSINESS CONTACT INFORMATION

Business Name:
Email Address:
Telephone Number:
Address:
How long have you been operating at this address?
Type of Business:
Sole Proprietor
Partnership
Corporation
Other:
Business Registration Number:
Number of Locations: ()
Number of Employees: ()
Types of services offered:
1.
2.
3.
4.
5.



BUSINESS OWNER DETAILS

Name:		
(first name)	(last name)	(middle initial)
Alias:		
Date of Birth: / /		
(mm)	(dd)	(yyyy)
Contact Number: / /		
Home	Work	Mobile
Email Address:		
Address:		
Alternate Address:		
T.R.N:		
Number of Dependents: ()		
ID Type:		
Passport		
Driver's License		
Voters ID		
ID Number:		
ID Expiry Date: / /		
(mm)	(dd)	(yyyy)



REFERENCES

Reference #1		
Name: _____		
(First Name)	(Last Name)	(Middle Initial)
Relation: _____		
Contact Number: _____ / _____ / _____		
Home	Work	Mobile
Address: _____		

Reference #2		
Name: _____		
(First Name)	(Last Name)	(Middle Initial)
Relation: _____		
Contact Number: _____ / _____ / _____		
Home	Work	Mobile
Address: _____		



1. What service group are you applying for?
First Union Loans (Micro Personal and Business Loans)
UnionOne Express (Online Shopping and Courier Services)
Both

2. Have you ever used our services?
YES
NO

3. Have you or anyone you know ever been employed with us before?
YES
NO

4. Have you ever been Criminally Charged?
YES
NO

5. Have you ever filed for Bankruptcy?
YES
NO

6. Do you or any known family member have an active loan with First Union Financial?
YES
NO

I _____, business owner of _____, located at _____, hereby declare that the details furnished above are true and correct to the best of my knowledge. I further understand that any false information provided is in breach of my Agency Agreement with First Union Group and will result in the denial or revocation of being a Fixed Agent for the First Union Group. Kindly affix your full initials at the bottom right hand corner of all pages.

Signature

Date

