Aski Capital Inc.
419 Notre Dame Avenue
Winnipeg, MB R3B 1R3
Phone: (204) 987-7180
Fax: (204) 987-7188

- Identification
- Recent pay stub
- Banking information

New Client Application Form

FULLY COMPLETE THE FOLLOWING FIELDS WITH MOST RECENT INFORMATION

****A complete loan application with required documentation is MANDATORY****

You may fax the complete form to (204) 987-7188 or email to info@askicapital.com

Name: _____
LAST FIRST MIDDLE

Address: _____ **Email Address:** _____

All fields required **City:**_____ **Postal Code**_____

Home Ph: _____ **Work:** _____ **Cell:** _____

Identification (1)_____ **Identification (2)**_____

Please attach photocopies of two pieces of clear/valid identification.

Employer (Be Specific): _____**Start Date:** _____

(Please note you must be employed 3 consecutive months to qualify)

Occupation (Title) _____ **Bi-weekly Net Pay**_____

(Attach a copy of your most recent paystub)

Are You? (Circle One) Full time Part Time **Contract/Term end date**: _____
(mandatory)

Amount Applying For $_____ **Number of Payments** _____

References: Name: _____ **Phone #** _____

Name: _____ **Phone #** _____

How would you like your funds disbursed? **Askī Client Card** ☐
Direct Deposit ☐

If you require direct deposit please include a copy of a void cheque or direct deposit form.
Direct deposits can take up to 2 business days

By signing below I am stating that everything on this document is correct and am taking any responsibility away from Askī Financial if the above information is incorrect.

_____ _____
Applicants Signature **Date**

Askī Client Card Expire Date#_____