

APPLICATION FORM

PLEASE NOTE: All bold fields are compulsory and must be completed.

FOR INTERNAL USE ONLY

Business _____ Consultant _____
Lead Agent _____ Lead Agency _____
Administrator _____ Date Received _____

Bank of Submission ABSA FNB Nedbank Standard Bank Investec RMB HIP Paragon Ithala

APPLICATION DETAILS

Loan Type New Loan Switch from other institution Further Loan Further Building Loan
Loan Reason Buy existing home Building a new home Buy vacant land
 Bond existing home unbonded Further advance ordinary Further advance building
Application Type Individual Joint Multiple Applicants Public Company Private Company Trust
 Closed Corporation Incorporated Company Estate Late Client Club Sole Proprietor Schools
 Partnership Non Profit Organisation and Friendly Societies State Owned Company
Suretyship Yes / No
Transfer Attorney _____ Transfer Attorney Tel. No. _____
Bond Attorney _____ Bond Attorney Tel. No. _____

COMPANY DETAILS – Complete when application type is Private Company / CC / Trust / Public Company

Company Name _____ Correspondence Language: _____
Registration Number: _____ Registration Date: _____
Country of Registration: _____ Business Nature: _____
Physical Address: _____ Postal Address: _____
Suburb _____ Suburb _____
City _____ Postal Code _____ City _____ Postal Code _____
Province _____ Province _____
Country _____ Country _____
Postal Address same as Physical? Yes / No
Company Tel. No. _____ Company Fax No. _____
Financial Year End: _____ Enterprise TurnOver: _____

SENIOR CONTROLLER

ID Type Book of Life / ID Passport ID No. / Passport No. _____
Title Mr. Mrs. Miss Ms. Dr. Prof. Rev. _____
Home Language _____ Gender Male Female
First Name(s) _____ Surname _____
Date of Birth _____ D D / M M / C C Y Y Country of Birth _____
 SA Citizen Permanent Resident Temporary Resident Working in SA
Occupational Status Contract Worker Full-time Employee Home Executive Part-time Employee
 Retired / Pensioner Self-employed (Non-professional) Self-employed (Professional)
 Student / Scholar Temp Employed Unemployed
Occupation Level Unskilled Worker Semi-skilled Worker Skilled Worker Junior Position Supervisor
 Management Senior Management
Home Phone No _____ Cellphone No _____
Email Address _____ Preferred Method of Contact SMS Email Post
Residential Status Border Living with Parents Tenant Owner Other
Residential Address Occupation Date _____
Physical Address _____ Postal Address (if different to Physical) _____
Suburb _____ Suburb _____
City _____ Postal Code _____ City _____ Postal Code _____
Province _____ Province _____
Country _____ Country _____

PERSONAL DETAILS – Main Applicant

Title Mr. Mrs. Miss Ms. Dr. Prof. Rev.

First Name(s) _____ Surname _____

ID Type Book of Life / ID Passport ID No. / Passport No. _____

Ethnic Group Asian Black Coloured White No. of Dependents _____

SA Citizen Yes / No Permanent SA Resident Yes / No

Date Passport Expires _____ DD / MM / CCYY Date Passport Issued _____ DD / MM / CCYY

Permanent Resident Country _____ Country Permit Issued _____

Type of Permit Study Permit Work Permit _____ Are you a first time home buyer Yes / No

Date Work Contract Issued _____ DD / MM / CCYY Date Work Contract Expires _____ DD / MM / CCYY

Date Temp Permit Issued _____ DD / MM / CCYY Date Permit Issued _____ DD / MM / CCYY

Marital Status Divorced Married ANC Married COP Other Single Widow(er)

SARS Tax Number _____

Tax Obligation outside of RSA? Yes / No Nationality _____

Foreign Tax Number _____ Country Tax Code was Issued _____

If No Tax Number is Available Please State Reason _____

Home Language _____ City of Birth _____

Country of Birth _____ DD / MM / CCYY Country of Marriage _____

Date of Birth _____ Gender Male Female

Have you smoked any form of tobacco in the last year Yes / No

Highest Qualification School Leaver – Pre Grade 10 School Leaver – Grade 10 School Leaver – Grade 12 Certificate 24 Months
 Diploma 1 Year Diploma 2 Years Diploma 3 Years Degree 3 & 3+ Years
 Post Graduate Diploma 12 Months Honours Doctorate Masters Incomplete

PUBLIC OFFICIAL DETAILS – Main Applicant

Are you a public official in a position of authority? Yes / No

Are you related to or associated with a public official in a position of authority? Yes / No

If Yes answer the following questions, What is the nature of the relationship or association? (Tick box)

Spouse or Partner Son or Daughter Parent Sibling Business Partner Close associate

Name and Surname of the public official in a position of authority that you are related or associated to?

Name _____ Surname _____

CONTACT DETAILS – Main Applicant

Work Tel. No. _____ Cellphone No. _____

Email Address _____

Physical Address _____ Postal Address (If different to Physical) _____

Suburb _____ Suburb _____

City _____ Postal Code _____ City _____ Postal Code _____

Province _____ Province _____

Country _____ Country _____

Residential Status Border Living with Parents Other Owner Tenant

Occupied Since _____ DD / MM / CCYY

Preferred Method of Contact SMS Email Post

Correspondence Language Afrikaans English

EMPLOYMENT DETAILS – Main Applicant

Employment Status Contract Worker Full-time Employee Home Executive Part-time Employee
 Retired / Pensioner Self-employed (Non-professional) Self-employed (Professional)
 Student / Scholar Temp Employed Unemployed

Occupation Level Junior Position Management None Semi-skilled Worker Senior Management
 Skilled Worker Supervisor Unskilled Worker

Employment Sector Agriculture Armed Forces Catering & Entertainment Civil Service Construction
 Education Finance Health Industry Legal Profession Media
 Nature Resource Other Science/Computing Security Selling Transportation
 Welfare

Source of Income Salary/Wages Allowance Asset Disposal Bonus Commission Donation/Gift
 Inheritance Insurance Claim Investment Maintenance/Alimony Pension
 Prize Winnings Proceeds from own Business Retirement Annuity Social Grant

Salary Frequency Monthly None Weekly

Do you work in SA? Yes / No

Is it Applicant's first job Yes / No

Application coincide with job change Yes / No

Employer Name _____ How long has your employer been operating? _____ (Years)

Employer Address _____

Suburb _____ City _____ Postal Code _____

Province _____ Country _____

Employee Number _____ Start Date _____ D D / M M / C C Y Y

Occupation _____

PREVIOUS EMPLOYER DETAILS – Main Applicant

Field is required if applicant is employed for less than 3 years at current employer

Previous Employer _____ Previous Employer Occupation Nature _____

Previous Period Employed: _____ Years _____ Months

SOLVENCY DETAILS – Main Applicant

Have you been declared insolvent? Yes / No Date of insolvency _____ D D / M M / C C Y Y

Have you been rehabilitated? Yes / No Date of rehabilitation _____ D D / M M / C C Y Y

Have you ever had a dispute with the credit bureau? Yes / No Have you ever had a judgement? Yes / No

Credit Bureau Dispute Details _____

Consolidation amount _____

Have you ever been under an administration order? Yes / No

Are you currently under an administration order (Garnishee order)? Yes / No

Are you currently under debt review / in debt counselling? Yes / No

Do you currently have a debt arrangement in place? Yes / No

Debt Counsellor Name _____ Debt Counsellor Number _____

RETAIL ACCOUNTS – Main Applicant

1 Description _____	Balance _____		
Monthly _____	Settle <input type="checkbox"/> Yes / <input type="checkbox"/> No	Reduction <input type="checkbox"/> Yes / <input type="checkbox"/> No	
2 Description _____	Balance _____		
Monthly _____	Settle <input type="checkbox"/> Yes / <input type="checkbox"/> No	Reduction <input type="checkbox"/> Yes / <input type="checkbox"/> No	
3 Description _____	Balance _____		
Monthly _____	Settle <input type="checkbox"/> Yes / <input type="checkbox"/> No	Reduction <input type="checkbox"/> Yes / <input type="checkbox"/> No	

BANK DETAILS – Main Applicant

1	Institution _____	Business	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Branch _____
	Account Type _____			Account Holder _____
	Account No. _____			Balance _____
	Monthly _____	Settle	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Reduction _____ Primary <input type="checkbox"/> Yes / <input type="checkbox"/> No
2	Institution _____	Business	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Branch _____
	Account Type _____			Account Holder _____
	Account No. _____			Balance _____
	Monthly _____	Settle	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Reduction _____ Primary <input type="checkbox"/> Yes / <input type="checkbox"/> No
3	Institution _____	Business	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Branch _____
	Account Type _____			Account Holder _____
	Account No. _____			Balance _____
	Monthly _____	Settle	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Reduction _____ Primary <input type="checkbox"/> Yes / <input type="checkbox"/> No
4	Institution _____	Business	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Branch _____
	Account Type _____			Account Holder _____
	Account No. _____			Balance _____
	Monthly _____	Settle	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Reduction _____ Primary <input type="checkbox"/> Yes / <input type="checkbox"/> N
5	Institution _____	Business	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Branch _____
	Account Type _____			Account Holder _____
	Account No. _____			Balance _____
	Monthly _____	Settle	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Reduction _____ Primary <input type="checkbox"/> Yes / <input type="checkbox"/> No

DECLARATION – Main Applicant

I hereby appoint the Originator as my sole agent and on my behalf to submit to all Financial Institutions in line with the requirements as discussed, in order to obtain mortgage loan finance for the property specified on this application form.

I hereby consent to the Originator using, storing and sharing my personal information (as set out on this form) with companies within its group and with registered credit providers as well as its service providers. I further agree to receive information about other products and services that the Originator thinks may be of interest to me. I acknowledge that I have the right to opt-out of such future communications.

Consent to Electronically obtain Account Statements from Financial Institutions: For the purpose of assessing your credit/finance application your consent is needed to obtain your bank statement(s) directly from Absa, Nedbank and Standard Bank. The financial institutions involved will exchange no further information than your bank statements and these will be safeguarded and not used for any other purposes. Bank account statements obtained will also be limited to the period necessary to assess the credit/finance application. Your signature below confirms you have provided the required consent for retrieval of your bank statements for purposes of this application and if there is a problem with the electronic retrieval of some or all of the required bank statements for any reason, the credit provider will contact the Mortgage Originator to source a separate form for the account statements.

Do you consent to this: Yes / No

The advantages of putting down a deposit when financing a home has been discussed with me.

I/we hold no other citizenships and residencies for local and international tax purposes, other than those disclosed in this application form and will inform the lender in writing of any change of this status within 30 days of the change of status.

I warrant that all the information I supplied is to the best of my knowledge and believe true and correct in all material respects. I am not aware of any other information which, should it become known to the Financial Institution, would affect the consideration of my application in any way. I agree that the Financial Institution may provide any information pertaining to the Loan applied for to the Originator during the application process. I hereby authorise the Financial Institution to have access to my credit bureau records and to furnish and/or to disclose any information arising from any agreement entered into with the Financial Institution to any such credit bureaus.

I/We further irrevocably consent that the Bank can request my/our payslips for auditing purposes from my/our employer or any third party

Do you consent to this: Yes / No

Signed at _____ Date _____

Signature _____

MONTHLY INCOME & EXPENSES – Main Applicant

Monthly Income		Other Monthly Expenses Amount	
Basic Salary / Wage	_____	Assurance (Life, Retirement Annuities)	_____
Cash Allowance	_____	Cellphone	_____
Average Commissions	_____	Clothing	_____
Investments	_____	Domestic Wages	_____
Interest Income	_____	Donations	_____
Rental Income	_____	Education	_____
Housing Subsidy	_____	Entertainment	_____
Average Overtime	_____	Groceries	_____
Monthly Car Allowance	_____	Home Maintenance / Garden Service	_____
Travel Allowance	_____	Insurance and Funeral Policies	_____
Entertainment	_____	Investments (Unit Trusts, Endowments)	_____
Income from Sureties	_____	Levies	_____
Maintenance / Alimony Income	_____	M-Net, DSTV and TV License	_____
Future Rental Income	_____	Maintenance / Alimony	_____
Self-Employed Income	_____	Medical	_____
Other – Specify	_____	Petrol and Car Maintenance	_____
<i>Total Income</i>	_____	Property Rental Expenses	_____
		Rates and Taxes	_____
Salary Deductions Amount		Rental	_____
Tax – PAYE / SITE	_____	Security	_____
Pension	_____	Telephone and ISP	_____
U.I.F	_____	Timeshare	_____
Medical Aid	_____	Water and Lights	_____
Other Deductions - Specify	_____	Other - Specify	_____
<i>Sub-total Deductions</i>	_____	<i>Total Expenses</i>	_____
<i>Total Income</i>	_____	<i>Total Expenses</i>	_____
		<i>Surplus / Shortage</i>	_____

ASSET DETAILS – Main Applicant

FIXED PROPERTY - Legal Property Description, Stand No, Suburb

Description _____	Amount Owing _____	Present Value _____
Description _____	Amount Owing _____	Present Value _____
Description _____	Amount Owing _____	Present Value _____

VEHICLES - Make, Model, Year

Description _____	Amount Owing _____	Present Value _____
Description _____	Amount Owing _____	Present Value _____
Description _____	Amount Owing _____	Present Value _____

INVESTMENTS - Description of Unit Trust, Shares etc

Description _____	Present Value _____
Description _____	Present Value _____
Description _____	Present Value _____

OTHER

Description _____	Present Value _____
Description _____	Present Value _____
Description _____	Present Value _____

(A) Total Assets _____

LIABILITY DETAILS – Main Applicant

OVERDRAFT

Description _____ Amount Owing _____

Description _____ Amount Owing _____

OTHER

Description _____ Amount Owing _____

Description _____ Amount Owing _____

(B) Total Liabilities _____

(A) Total Assets _____ (B) Total Liabilities _____ Net Asset Value _____

PERSONAL DETAILS – Co-Applicant

Title Mr. Mrs. Miss Ms. Dr. Prof. Rev.

First Name(s) _____ Surname _____

ID Type Book of Life / ID Passport ID No. / Passport No. _____

Ethnic Group Asian Black Coloured White No. of Dependents _____

SA Citizen Yes / No Permanent SA Resident Yes / No

Date Passport Expires _____ DD / MM / CCYY Date Passport Issued _____ DD / MM / CCYY

Permanent Resident Country _____ Country Permit Issued _____

Type of Permit Study Permit Work Permit _____ Are you a first time home buyer Yes / No

Date Work Contract Issued _____ DD / MM / CCYY Date Work Contract Expires _____ DD / MM / CCYY

Date Temp Permit Issued _____ DD / MM / CCYY Date Permit Issued _____ DD / MM / CCYY

Marital Status Divorced Married ANC Married COP Other Single Widow(er)

SARS Tax Number _____

Tax Obligation outside of RSA? Yes / No Nationality _____

Foreign Tax Number _____ Country Tax Code was Issued _____

If No Tax Number is Available Please State Reason _____

Home Language _____ City of Birth _____

Country of Birth _____ DD / MM / CCYY Country of Marriage _____

Date of Birth _____ Gender Male Female

Have you smoked any form of tobacco in the last year Yes / No

Highest Qualification School Leaver – Pre Grade 10 School Leaver – Grade 10 School Leaver – Grade 12 Certificate 24 Months
 Diploma 1 Year Diploma 2 Years Diploma 3 Years Degree 3 & 3+ Years
 Post Graduate Diploma 12 Months Honours Doctorate Masters Incomplete

PUBLIC OFFICIAL DETAILS – Co-Applicant

Are you a public official in a position of authority? Yes / No

Are you related to or associated with a public official in a position of authority? Yes / No

If Yes answer the following questions, What is the nature of the relationship or association? (Tick box)

Spouse or Partner Son or Daughter Parent Sibling Business Partner Close associate

Name and Surname of the public official in a position of authority that you are related or associated to?

Name _____ Surname _____

CONTACT DETAILS – Co-Applicant

Work Tel. No. _____ Cellphone No. _____

Email Address _____

Physical Address _____ Postal Address (If different to Physical) _____

Suburb _____ Suburb _____

City _____ Postal Code _____ City _____ Postal Code _____

Province _____ Province _____

Country _____ Country _____

Residential Status Border Living with Parents Other Owner Tenant

Occupied Since _____ DD / MM / CCYY

Preferred Method of Contact SMS Email Post

Correspondence Language Afrikaans English

EMPLOYMENT DETAILS – Co-Applicant

Employment Status Contract Worker Full-time Employee Home Executive Part-time Employee
 Retired / Pensioner Self-employed (Non-professional) Self-employed (Professional)
 Student / Scholar Temp Employed Unemployed

Occupation Level Junior Position Management None Semi-skilled Worker Senior Management
 Skilled Worker Supervisor Unskilled Worker

Employment Sector Agriculture Armed Forces Catering & Entertainment Civil Service Construction
 Education Finance Health Industry Legal Profession Media
 Nature Resource Other Science/Computing Security Selling Transportation
 Welfare

Source of Income Salary/Wages Allowance Asset Disposal Bonus Commission Donation/Gift
 Inheritance Insurance Claim Investment Maintenance/Alimony Pension
 Prize Winnings Proceeds from own Business Retirement Annuity Social Grant

Salary Frequency Monthly None Weekly

Do you work in SA? Yes / No

Is it Applicant's first job Yes / No

Application coincide with job change Yes / No

Employer Name _____ How long has your employer been operating? _____ (Years)

Employer Address _____

Suburb _____ City _____ Postal Code _____

Province _____ Country _____

Employee Number _____ Start Date _____ D D / M M / C C Y Y

Occupation _____

PREVIOUS EMPLOYER DETAILS – Co-Applicant

Field is required if applicant is employed for less than 3 years at current employer

Previous Employer _____ Previous Employer Occupation Nature _____

Previous Period Employed: _____ Years _____ Months

SOLVENCY DETAILS – Co-Applicant

Have you been declared insolvent? Yes / No Date of insolvency _____ D D / M M / C C Y Y

Have you been rehabilitated? Yes / No Date of rehabilitation _____ D D / M M / C C Y Y

Have you ever had a dispute with the credit bureau? Yes / No Have you ever had a judgement? Yes / No

Credit Bureau Dispute Details _____

Consolidation amount _____

Have you ever been under an administration order? Yes / No

Are you currently under an administration order (Garnishee order)? Yes / No

Are you currently under debt review / in debt counselling? Yes / No

Do you currently have a debt arrangement in place? Yes / No

Debt Counsellor Name _____ Debt Counsellor Number _____

RETAIL ACCOUNTS – Co-Applicant

1 Description _____	Balance _____		
Monthly _____	Settle <input type="checkbox"/> Yes / <input type="checkbox"/> No	Reduction <input type="checkbox"/> Yes / <input type="checkbox"/> No	
2 Description _____	Balance _____		
Monthly _____	Settle <input type="checkbox"/> Yes / <input type="checkbox"/> No	Reduction <input type="checkbox"/> Yes / <input type="checkbox"/> No	
3 Description _____	Balance _____		
Monthly _____	Settle <input type="checkbox"/> Yes / <input type="checkbox"/> No	Reduction <input type="checkbox"/> Yes / <input type="checkbox"/> No	

BANK DETAILS – Co-Applicant

1	Institution _____	Business	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Branch _____
	Account Type _____			Account Holder _____
	Account No. _____			Balance _____
	Monthly _____	Settle	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Reduction _____ Primary <input type="checkbox"/> Yes / <input type="checkbox"/> No
2	Institution _____	Business	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Branch _____
	Account Type _____			Account Holder _____
	Account No. _____			Balance _____
	Monthly _____	Settle	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Reduction _____ Primary <input type="checkbox"/> Yes / <input type="checkbox"/> No
3	Institution _____	Business	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Branch _____
	Account Type _____			Account Holder _____
	Account No. _____			Balance _____
	Monthly _____	Settle	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Reduction _____ Primary <input type="checkbox"/> Yes / <input type="checkbox"/> No
4	Institution _____	Business	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Branch _____
	Account Type _____			Account Holder _____
	Account No. _____			Balance _____
	Monthly _____	Settle	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Reduction _____ Primary <input type="checkbox"/> Yes / <input type="checkbox"/> N
5	Institution _____	Business	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Branch _____
	Account Type _____			Account Holder _____
	Account No. _____			Balance _____
	Monthly _____	Settle	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Reduction _____ Primary <input type="checkbox"/> Yes / <input type="checkbox"/> No

DECLARATION – Co-Applicant

I hereby appoint the Originator as my sole agent and on my behalf to submit to all Financial Institutions in line with the requirements as discussed, in order to obtain mortgage loan finance for the property specified on this application form.

I hereby consent to the Originator using, storing and sharing my personal information (as set out on this form) with companies within its group and with registered credit providers as well as its service providers. I further agree to receive information about other products and services that the Originator thinks may be of interest to me. I acknowledge that I have the right to opt-out of such future communications.

Consent to Electronically obtain Account Statements from Financial Institutions: For the purpose of assessing your credit/finance application your consent is needed to obtain your bank statement(s) directly from Absa, Nedbank and Standard Bank. The financial institutions involved will exchange no further information than your bank statements and these will be safeguarded and not used for any other purposes. Bank account statements obtained will also be limited to the period necessary to assess the credit/finance application. Your signature below confirms you have provided the required consent for retrieval of your bank statements for purposes of this application and if there is a problem with the electronic retrieval of some or all of the required bank statements for any reason, the credit provider will contact the Mortgage Originator to source a separate form for the account statements.

Do you consent to this: Yes / No

The advantages of putting down a deposit when financing a home has been discussed with me.

I/we hold no other citizenships and residencies for local and international tax purposes, other than those disclosed in this application form and will inform the lender in writing of any change of this status within 30 days of the change of status.

I warrant that all the information I supplied is to the best of my knowledge and believe true and correct in all material respects. I am not aware of any other information which, should it become known to the Financial Institution, would affect the consideration of my application in any way. I agree that the Financial Institution may provide any information pertaining to the Loan applied for to the Originator during the application process. I hereby authorise the Financial Institution to have access to my credit bureau records and to furnish and/or to disclose any information arising from any agreement entered into with the Financial Institution to any such credit bureaus.

I/We further irrevocably consent that the Bank can request my/our payslips for auditing purposes from my/our employer or any third party

Do you consent to this: Yes / No

Signed at _____ Date _____

Signature _____

MONTHLY INCOME & EXPENSES – Co-Applicant

Monthly Income		Other Monthly Expenses Amount	
Basic Salary / Wage	_____	Assurance (Life, Retirement Annuities)	_____
Cash Allowance	_____	Cellphone	_____
Average Commissions	_____	Clothing	_____
Investments	_____	Domestic Wages	_____
Interest Income	_____	Donations	_____
Rental Income	_____	Education	_____
Housing Subsidy	_____	Entertainment	_____
Average Overtime	_____	Groceries	_____
Monthly Car Allowance	_____	Home Maintenance / Garden Service	_____
Travel Allowance	_____	Insurance and Funeral Policies	_____
Entertainment	_____	Investments (Unit Trusts, Endowments)	_____
Income from Sureties	_____	Levies	_____
Maintenance / Alimony Income	_____	M-Net, DSTV and TV License	_____
Future Rental Income	_____	Maintenance / Alimony	_____
Self-Employed Income	_____	Medical	_____
Other – Specify	_____	Petrol and Car Maintenance	_____
<i>Total Income</i>	_____	Property Rental Expenses	_____
		Rates and Taxes	_____
Salary Deductions Amount		Rental	_____
Tax – PAYE / SITE	_____	Security	_____
Pension	_____	Telephone and ISP	_____
U.I.F	_____	Timeshare	_____
Medical Aid	_____	Water and Lights	_____
Other Deductions - Specify	_____	Other - Specify	_____
<i>Sub-total Deductions</i>	_____	<i>Total Expenses</i>	_____
<i>Total Income</i>	_____	<i>Total Expenses</i>	_____
		<i>Surplus / Shortage</i>	_____

ASSET DETAILS – Co-Applicant

FIXED PROPERTY - Legal Property Description, Stand No, Suburb

Description _____	Amount Owing _____	Present Value _____
Description _____	Amount Owing _____	Present Value _____
Description _____	Amount Owing _____	Present Value _____

VEHICLES - Make, Model, Year

Description _____	Amount Owing _____	Present Value _____
Description _____	Amount Owing _____	Present Value _____
Description _____	Amount Owing _____	Present Value _____

INVESTMENTS - Description of Unit Trust, Shares etc

Description _____	Present Value _____
Description _____	Present Value _____
Description _____	Present Value _____

OTHER

Description _____	Present Value _____
Description _____	Present Value _____
Description _____	Present Value _____

(A) Total Assets _____

LIABILITY DETAILS – Co-Applicant

OVERDRAFT

Description _____ Amount Owing _____

Description _____ Amount Owing _____

OTHER

Description _____ Amount Owing _____

Description _____ Amount Owing _____

(B) Total Liabilities _____

(A) Total Assets _____ (B) Total Liabilities _____ Net Asset Value _____

LOAN DETAILS

Bond Registered in Name of _____

Deposit Amount _____ Rate Type Fixed Variable

Instalment Method Debit Order Salary Stop Order Repayment Day _____

Initiation Fee Payment Debit Loan Account Direct Payment from Client

Cost Included with Bond? Yes / No Registration Amount _____

SECURITY DETAILS

Are you offering additional security? Yes / No

LIFE INSURANCE DETAILS

Do you have sufficient life cover to cover the value of this home loan? Yes / No

LOAN DETAILS BY BANK

	Loan Amount / Extn. Amount	Loan term (Months)
ABSA		
FNB		
Nedbank		
Standard Bank		
Investec		
RMB		
Paragon		
Ithala		

BUILDER DETAILS – Complete when loan type is building loan or new development.

Developer Name _____ New Development Yes / No

Contractor Name _____ Contractor Tel. No. _____

Contractor Cellphone No. _____ Contract Amount _____

Land Price _____ NHBRC Number _____

Expected Date of Completion / /

PROPERTY & SELLER DETAILS

Seller Name _____ Seller ID Number _____

Company Name _____ Company Registration No. _____

Seller Tel. No. _____ Seller Cellphone No. _____

VALUATION CONTACT DETAILS

Full Name _____ Tel. No. _____

Cellphone No. _____

