		CONSULTA	ANT / RELATION	1				IN-I	HOUSE				
eBO	NDS	AGENCY /	LEAD PROVIDER	1				,	AGENT				
Sourcing the best bor	of for you!		DEVELOPMENT	-				NETWORK/	ROUP				
		BANK OF S	SUBMISSION [ABSA	STD	NED	FNB	SAHL [OTHER				
TYPE OF APPLIC	ANT												
Individual *Joint Multiple CC PTY Trust													
Are you or your spouse a Bank Employee? Yes No If Yes, state which Bank Preferred Language for correspondence													
Are applicants m	nembers of the same ho	usehold? Yes	□No Bono	I to be regi	istered in t	he name of		Corresponde	ence [
DETAILS OF LOAN FURTHER LOAN BUILDING LOAN													
ype of Loan Ordinary Loan Building Loan Switch Unbonded Property Further Loan Estimated Market Value													
f the applicant/s requests a 100% bond but is offered a lesser amount by the bank/s. Will the applicant/s be able to cover the shortfall Yes No													
if Yes, Provide details of such funds Further loan account number													
Purchase price of prop	urchase price of property						Deposi	it		Loan Term			
Purchase price of property Date of purchase Deposit Loan Term Reason for further loan Building Home Improvements Other													
Are transfer and/or bond registration costs included in the purchase price? Yes No Initiation Fee Option Add to debt Direct payment from client													
Fotal loan amount requested Bond amount to be registered Acc paid by Debit Order Salary Deduction													
BUILDING LOAN ONLY	/: Contractor:		Te	ıl.				Cell					
and Price		Contract Price			Expected	Completion	Date	<u> </u>		Building pla	ins to be a	ttached	
	AILS DESCRIPTIO						L						
Type: Cluster		onal Title Unit Duet	Sectional Dyacs	ntland [الدسمال ال	oldina	Land	Size m²		Section N	lo .		
Portion No.	Erf No	Street name		inic Laniu	SIIIdii FI	olullig	Lanu	5126 111		Section			
Suburb/Township	EITNO	Street Hallie	_ <u> </u>				Drovinco			Postal	Codo C		
			City				Province		/D	Postal			
Cluster/Complex Nam Primary Residence Us			Flat Nu			Unit No			Garage/Pa	arking bay No			
, 	age First Tim	ne Home Buyer Se	elf Secondary	Ten	nant	Holiday Hon	ne		٦				
Managing Agent	STATEMENT CONTROL								Tel.				
ASSESSMENT ARRANG	GEMENTS: CONTACT					Tel.			Cell				
DETAILS OF REG	SISTERED OWNER	/SELLER											
s this property in you	r name Yes No	"If No" Please compl	lete below										
full names of seller		Se	eller Tel.				Selle	er ID No/Co/CC/ Tru	ıst reg No.	<u> </u>			
Fransfer attorney		Te No			Bond attorne					Tel No.			
COMPANY DETA	<u> AILS</u> – Complete v	when application t	type is CC / PT	Y / Trus	t								
Company Name								Company b	pany been registered? Yes No				
Address					City				Province				
/AT No		Registration No.			<u>. L</u>	Registratio	n Date	1	Ta N				
Tel No.		Number Of Trustees		Yearly Tu	urnover	i	L	Fi	nancial Yea	<u> </u>			



PERSONAL DETAILS OF A	PPLICANI Main	Applicant \square	Co Applica	nt ∐ Spo	use L								sourcing	the post bong for you	·
Title Surname				First Names											
ID No.	Ge	nder		nnic oup				endants . spouse			f people ir usehold	n	Do you smoke?		′es □No
Nationality	RSA Tax No.		Tax obliga outside		Yes	s 🗌 No	If Ye	s, see pa	age 2		a permane ident?	ent 🗆	Yes No	Λ	itizen, complete page 2
Country Te		Cell					Email								
Residential	·		Suburb					ostcode			Address	since			
Postal				Current	Resid	ential					Existin	 _			
Addres					tatus	L					Proper	ty	Sold [To Be Sold	Let To be Let
Home Language M	larital Status		N	/Aarital Cont	tract						Country marriag				
Occupation	Employment Status			Occ	cupati level						Employm Sector				
Name of present		Employe									quency				
employer/ own Address of present				Province		Number		٦.	ostcode			income Em	ployed		
employer	Highest			<u></u>	vious				ostcode			:	since	Years at previ	nue -
Tel. (W)	Qualification				loyer									employer	bus
BANKING / FINANCIAL DETAILS OF	APPLICANT														
Account Type	Institution	Brai	nch	1	A	ccount N	0.		1	Balan	ce	1		Account Holde	r
									+						
									+						
INCOME AND EXPEND	NITI IDE								1						
Monthly Inc		<u></u>						Month	<u>nly</u> Living	Expens	es				
Monthly Salary/Remuneration		Assuranc	e – Life		_				Arme	d Respo	nse/Vehic	le Securi	:у		
Housing Subsidy		Levies			-						surance				
Commission			Mortgage Inst	alments	-						linimum P	•			
Overtime Rental Income Received		Rates and Water an			-				_		inimum Pa				
Car/Travel Allowance		Cell Phor	-		-						ce Instalm				
Other (Specify)			intenance/Al	imony	-				_		hicle Mair				
Total Income		Domestic	Wages						Other	Expens	es				
Salary Deductions		Educatio	n												
Pensions		Entertain			-										
Medical Aid			s (Food/Liquo	or)	-				\A/:II +1		D /N	1		. h	
PAYE Contribution/Tax/Site UIF		Property	Rental Expen	ises	_				VVIII LI	ne curre	nt kent/iv	Tortgage	payment	be cancelled	Yes No
Other			Aid Contribut		ses				Total	Expens	es				
Income After Deductions					_				Total	After E	penses				
Declaration and Consent		<u></u>													
I confirm that the information furn undertake to inform the financial in I certify that I am not under debt re payment of a deposit on the purch lender in writing of any change of the For purposes of processing this hon	nstitution of any facts or eview, an administration lase price of the propert his status within 30 days	circumstances order, have ev y. I hold no ot . (Where appli	that could po ver been declo her citizenshi cable comple	rejudice the ared insolve ips and resi ete the Tax o	e Lend ent, be dencie obliga	ler's right een sequ es for loc tion infoi	s and I estrated al or in mation	will imm d, or sigr ternation require	ediately ned suret nal tax pi d on page	advise t y. I conf urposes e 2)	he Lender irm that I other tha	if any of have bee	my infori n inform	mation change ed of the bene	s. fits related to the
obtain from any registered cred credit bureau all personal inform	dit bureau all personal in mation relating to this ap	formation, cre										ss and su	bmit to a	iny registered	
 request my bank statements fro request my payslip from my em 	•	iuli,													☐Yes ☐No ☐Yes ☐No
4. forward my contact information to an independent insurance company with the intention of offering me insurance products related to this application; 5. Do you or a close associate or a family member hold a prominent political function such as a senior member of government or politician, senior government administrator,									or	☐Yes ☐No ☐Yes ☐No					
ambassador, head of a SOE, jud or leader of a political party or y	lge or similar or do you h	old a promine	ent public pos				-				-				
6. where applicable, verify my educational qualifications through information obtained from third-party qualification data providers;										Yes No					
event of it being successful;											☐Yes ☐No				
share all personal information, Settlements and its Developme	•	-		application	with t	ne Estate	Agent,	, Bond At	ttorney, I	rınancia	ı Switch O	perator,	pepartme	ent of Human	
 process my special personal info transfer my data cross border 															
11. process my personal informat	ion to perform fraud che	ecks, as well as	to report an	y suspected	l frauc	d linked t	o my Id	entity N	umber to	the So	uth African		revention	Services;	
12. retain my personal informatio Signed by Applicant:	on for as long as is reasor	nably necessar	y and legally i	required in	terms	of the b	usiness	processe	es related	d to this	_	Date:			
The originator warrants that this ap	oplication and supporting	documentati	on is submitte	ed by the o	riginat	tor on be	half of t	the appli	icant with	n the ap			e and cor	nsent and that	to the best of its
knowledge, that the documentation		by the application	ant in suppor	t of the app	licatio	on is not	fraudule	ent, inco	rrect or r	nisleadi	_				
Signed on or behalf of C	riginator										L	Date:			