**INDICATIVE COST OF LOAN**

I,………………………………………………….……………………… NRC …………………………do hereby apply for a loan in the sum of ZMW…………………………… with GNC. I warrant and declare I have read the standard terms and conditions upon which this facility will be rendered to me and I agree to comply with all the necessary requirements for this facility and pay all fees and charges relating to this transaction which may be itemized but not limited to the following fees and charges:

**I acknowledge that this is intended to**

Processing Fees .......**5%** **ZMW …………6,500…………………**

Insurance Fees ...... **2%** **ZMW …………..1,950………………….**

Mortgage Registration .......% ZMW……………………………………………….

Mortgage Mobilization .......% ZMW………………………………………….…..

Search/Pacra .......% ZMW………………………………………………

Valuation Report .......% ZMW………………………………………………

RTSA Endorsement .......% ZMW………………………………………………

Comprehensive/home Insurance .......% ZMW……………………………………………

CRB. % ZMW ……………100…………………………….

Previous Loan (in case of Refinance) .......% ZMW……………………………………………….

**Total Deductions .......% ZMW ……8,550……………………**

**Net Loan Amount .......% ZMW …….56,450…………**

I,………………………………………………………….., do hereby understand and agree to the amount of…………………………………..being my **net loan amount**. I am requesting that my repayment date be:……/………/………

I understand that collateral will be endorsed under GNC and I am responsible for the discharge. I take full responsibility for all fees incurred for the discharge when the loan is closed.

I further declare and warrant that the information I have rendered or intend to render in support of my application is true, correct and accurate in every respect and I understand that this information is the basis upon which GNC have determined whether to avail this facility to me. Therefore, should any of this information be untrue, inaccurate or incorrect in any respect, GNC reserve the right to withdrawal their offer of the facility and/or terminate the application process relating to the offer of this facility to me without legal obligation or consequence.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed at Date Signature of Applicant