

You can complete and sign this form online. Ask your consultant for an online link.

New Loan ☐ Further Loan ☐ Qualified Buyer's Certificate ☐

Section A: Personal details

Primary Applicant

Co-applicant

Surety

Title Gender Male ☐ Female ☐

First Name/s

Surname

Date of birth (dd/mm/yyyy)

ID Type

Refugee ID card number

(dd/mm/yyyy)

If passport, country of issue

SA Citizen Yes ☐ No ☐

Nationality

City of birth

Country of birth

SA Permanent resident Yes ☐ No ☐

Are you a temporary resident of SA? Yes ☐ No ☐

Permit type Permanent ☐ Study ☐ Work ☐ Other ☐

Permit number Permit Expiry Date (dd/mm/yyyy)

Marital status Single ☐ Married COP ☐ Married ANC ☐ Divorced ☐ Other ☐

If married ANC, register in both names Yes ☐ No ☐ No. of dependants

If married, country of marriage

Ethnic Group We are required to request this in terms of the Home Loan and Mortgages Disclosure Act, 2000. Asian ☐ Black ☐ Coloured ☐ White ☐

SA Income tax number

If tax number unavailable No tax number available ☐ No tax number issued ☐

Do you file any tax returns outside of SA? Yes ☐ No ☐

If so, country and tax number

Current residential status Owner ☐ Tenant ☐ Other ☐

Are you a first time home buyer? Yes ☐ No ☐

Will this property be your main residence? Yes ☐ No ☐

Highest level of education

Do you currently smoke, or have you smoked in the last 12 months any form of tobacco or e-cigarettes? Yes ☐ No ☐

Title Gender Male ☐ Female ☐

First Name/s

Surname

Date of birth (dd/mm/yyyy)

ID Type

Refugee ID card number

(dd/mm/yyyy)

If passport, country of issue

SA Citizen Yes ☐ No ☐

Nationality

City of birth

Country of birth

SA Permanent resident Yes ☐ No ☐

Are you a temporary resident of SA? Yes ☐ No ☐

Permit type Permanent ☐ Study ☐ Work ☐ Other ☐

Permit number Permit Expiry Date (dd/mm/yyyy)

Marital status Single ☐ Married COP ☐ Married ANC ☐ Divorced ☐ Other ☐

If married ANC, register in both names Yes ☐ No ☐ No. of dependants

If married, country of marriage

Ethnic Group Asian ☐ Black ☐ Coloured ☐ White ☐

SA Income tax number

If tax number unavailable No tax number available ☐ No tax number issued ☐

Do you file any tax returns outside of SA? Yes ☐ No ☐

If so, country and tax number

Current residential status Owner ☐ Tenant ☐ Other ☐

Are you a first time home buyer? Yes ☐ No ☐

Will this property be your main residence? Yes ☐ No ☐

Highest level of education

Do you currently smoke, or have you smoked in the last 12 months any form of tobacco or e-cigarettes? Yes ☐ No ☐

Are you a public official in a position of authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you related to or associated with a public official in a position of authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the nature of the relationship or association?	<input type="text"/>	<input type="text"/>
Name and surname of public official in a position of authority that you are related or associated with.	<input type="text"/>	<input type="text"/>

Section B: Contact Details	Primary Applicant	Co-applicant / Surety
Home number	<input type="text"/>	<input type="text"/>
Cellphone number	<input type="text"/>	<input type="text"/>
Work number	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>
Fax number	<input type="text"/>	<input type="text"/>
Home language	<input type="text"/>	<input type="text"/>
Language for correspondence	<input type="text"/>	<input type="text"/>

Residential Address		
Street	<input type="text"/>	Same as primary applicant Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>
City	<input type="text"/> Postal code <input type="text"/>	<input type="text"/> Postal code <input type="text"/>
Country	<input type="text"/>	<input type="text"/>
Length at current address	Years <input type="text"/> Months <input type="text"/>	Years <input type="text"/> Months <input type="text"/>

Postal Address		
Same as residential address?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street / PO Box	<input type="text"/>	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>
City	<input type="text"/> Postal code <input type="text"/>	<input type="text"/> Postal code <input type="text"/>
Country	<input type="text"/>	<input type="text"/>
Legal notice delivery method	Hand delivered <input type="checkbox"/> Registered mail <input type="checkbox"/>	Hand delivered <input type="checkbox"/> Registered mail <input type="checkbox"/>

Contact and Address Details for Future Legal Correspondence (Only to be completed if different to postal address)		
Street / PO Box	<input type="text"/>	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>
City	<input type="text"/> Postal code <input type="text"/>	<input type="text"/> Postal code <input type="text"/>
Country	<input type="text"/>	<input type="text"/>

Section C: Employment Details Primary Applicant	Co-applicant / Surety
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Occupation Status <input type="checkbox"/> Full-time employed <input type="checkbox"/> Part-time employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Temporary employed <input type="checkbox"/> Home Executive <input type="checkbox"/> Unemployed <input type="checkbox"/> Pensioner	Occupation Status <input type="checkbox"/> Full-time employed <input type="checkbox"/> Part-time employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Temporary employed <input type="checkbox"/> Home Executive <input type="checkbox"/> Unemployed <input type="checkbox"/> Pensioner
Occupational Level <input type="checkbox"/> Senior Management <input type="checkbox"/> Skilled worker <input type="checkbox"/> Junior position <input type="checkbox"/> Management <input type="checkbox"/> Semi-skilled <input type="checkbox"/> Supervisor <input type="checkbox"/> Unskilled	Occupational level <input type="checkbox"/> Senior Management <input type="checkbox"/> Skilled worker <input type="checkbox"/> Junior position <input type="checkbox"/> Management <input type="checkbox"/> Semi-skilled <input type="checkbox"/> Supervisor <input type="checkbox"/> Unskilled

Employment Details (Employed Only)	
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Nature of occupation <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Company registration no <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Employee number <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Employment Period Years <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Months <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Street <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Suburb <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> City <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Country <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Postal code <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> Percentage of income derived from own business (if any) <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> Are you a shareholder of your employer's business? Yes <input type="checkbox"/> No <input type="checkbox"/> Percentage shareholding (if yes) <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> Do you work in South Africa? Yes <input type="checkbox"/> No <input type="checkbox"/> Does this purchase coincide with a job change? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you previously employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Nature of occupation <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Company registration no <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Employee number <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Employment Period Years <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Months <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Street <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Suburb <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> City <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Country <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Postal code <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> Percentage of income derived from own business (if any) <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> Are you a shareholder of your employer's business? Yes <input type="checkbox"/> No <input type="checkbox"/> Percentage shareholding (if yes) <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> Do you work in South Africa? Yes <input type="checkbox"/> No <input type="checkbox"/> Does this purchase coincide with a job change? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you previously employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Previous Employment Details (Two Most Recent) Primary Applicant	Co-applicant / Surety
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Previous employer <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Duration Years <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Months <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Previous employer <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Duration Years <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Months <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Years <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Months <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Years <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Months <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
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Section D: Credit History	Primary Applicant	Co-applicant / Surety
Are you currently under Administration?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you ever under Administration?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has a judgement ever been taken against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently under debt review?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Debt counsellor name	<input type="text"/>	<input type="text"/>
Debt counsellor phone number	<input type="text"/>	<input type="text"/>
Are you currently under any debt re-arrangement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been declared insolvent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of insolvency (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>
If rehabilitated, date (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>
Are you aware of any adverse credit listings?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, specify	<input type="text"/>	<input type="text"/>
Are you currently in a credit bureau dispute?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Existing Suretyships	Primary Applicant	Co-applicant / Surety
Are you bound by any surety agreements?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, specify amount*	<input type="text"/>	<input type="text"/>
Are you currently paying this account?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Monthly Instalment	<input type="text"/>	<input type="text"/>
Details of suretyship	<input type="text"/>	<input type="text"/>
Will you be settling this account/debt?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
New Instalment (only capture if Instalment / payment will be reduced)	<input type="text"/>	<input type="text"/>
Surety in favour of	<input type="text"/>	<input type="text"/>
* If bound by multiple surety agreements then combine the values.		

Section E: Loan and Debit Order Details		
Erf number / Section number	<input type="text"/>	Home Loan Instalment Debit Order Details
Street / Complex	<input type="text"/>	Bank Name <input type="text"/>
Suburb	<input type="text"/>	Bank Account No. <input type="text"/>
	R <input type="text"/>	Preferred debit order date <input type="text"/>
Amount to be registered	R <input type="text"/>	

Section F: Monthly Income, Deductions and Expenses

Monthly Income	Primary Applicant	Co-applicant / Surety	Primary Applicant	Co-applicant / Surety
Gross salary	R <input type="text"/>	R <input type="text"/>	Entertainment allowance	R <input type="text"/>
Average commission	R <input type="text"/>	R <input type="text"/>	Income from sureties	R <input type="text"/>
Investment income	R <input type="text"/>	R <input type="text"/>	Housing subsidy	R <input type="text"/>
Rental income	R <input type="text"/>	R <input type="text"/>	Maintenance/ alimony	R <input type="text"/>
Car allowance	R <input type="text"/>	R <input type="text"/>	Average overtime (past 6 months)	R <input type="text"/>
Travel allowance	R <input type="text"/>	R <input type="text"/>		

Primary Applicant		Co-applicant / Surety	
Other income description	<input type="text"/>	R <input type="text"/>	<input type="text"/>
Other income description	<input type="text"/>	R <input type="text"/>	<input type="text"/>
Total income		R <input type="text"/>	Total income
			R <input type="text"/>

Monthly Deductions	Primary Applicant	Co-applicant / Surety	Primary Applicant	Co-applicant / Surety
Tax (PAYE/SITE)	R <input type="text"/>	R <input type="text"/>	UIF	R <input type="text"/>
Pension	R <input type="text"/>	R <input type="text"/>	Medical Aid	R <input type="text"/>
Primary Applicant		Co-applicant / Surety		
Other deductions description	<input type="text"/>	R <input type="text"/>	<input type="text"/>	R <input type="text"/>
Other deductions description	<input type="text"/>	R <input type="text"/>	<input type="text"/>	R <input type="text"/>
Total deductions	R <input type="text"/>	Income after deductions	R <input type="text"/>	R <input type="text"/>

Monthly Expenses	Primary Applicant	Co-applicant / Surety	Primary Applicant	Co-applicant / Surety
Rental (only if ongoing)	R <input type="text"/>	R <input type="text"/>	Transport, petrol and car maintenance	R <input type="text"/>
Maintenance / Alimony	R <input type="text"/>	R <input type="text"/>	Education	R <input type="text"/>
Rates and taxes / Levies	R <input type="text"/>	R <input type="text"/>	Medical (excl. medical aid salary deductions)	R <input type="text"/>
Water and electricity	R <input type="text"/>	R <input type="text"/>	Cellphone / internet (if not on contract)	R <input type="text"/>
Assurance (life, retirement annuities, insurance and funeral policies)	R <input type="text"/>	R <input type="text"/>	M-Net, DSTV and TV	R <input type="text"/>
Groceries	R <input type="text"/>	R <input type="text"/>	Security	R <input type="text"/>
Primary Applicant		Co-applicant / Surety		
Other expenses description	<input type="text"/>	R <input type="text"/>	Other expenses	<input type="text"/>
Other expenses description	<input type="text"/>	R <input type="text"/>	Other expenses	<input type="text"/>

Total expenses	<input type="text"/>	Net surplus income / deficit	<input type="text"/>	Total expenses	<input type="text"/>	Net surplus income / deficit	<input type="text"/>
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Signed Primary applicant	<input type="text"/>	Signed Co-applicant / Surety	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>

Section G: Primary Transactional Bank Account Details And Contractual Expenses

Primary Applicant

Co-applicant / Surety

Bank / Financial Institution	<input type="text"/>
Branch	<input type="text"/>
Account type (only cheque or savings)	<input type="text"/>
Account holder name	<input type="text"/>
Is this account in the name of the Legal Entity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Business bank account?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Account number	<input type="text"/>
Balance Debit (-) Credit (+)	<input type="text"/>

Bank / Financial Institution	<input type="text"/>
Branch	<input type="text"/>
Account type (only cheque or savings)	<input type="text"/>
Account holder name	<input type="text"/>
Is this account in the name of the Legal Entity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
business bank account?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Account number	<input type="text"/>
Balance Debit (-) Credit (+)	<input type="text"/>

For FNB, RMB and Standard Bank Primary Banked Customers Only: Your Bank has requested the opportunity to consider your home loan application first for a period of time. I consent to this arrangement:

Yes ☐ No ☐

Yes ☐ No ☐

Home Loans

Primary Applicant

Co-applicant / Surety

	Account 1	Account 2
Bank / Financial Institution	<input type="text"/>	<input type="text"/>
Branch	<input type="text"/>	<input type="text"/>
Account holder name	<input type="text"/>	<input type="text"/>
Outstanding balance	<input type="text"/>	<input type="text"/>
Monthly installment/ Minimum payment	<input type="text"/>	<input type="text"/>
Are you selling the existing property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
New installment (if reduced)	<input type="text"/>	<input type="text"/>

	Account 1	Account 2
Bank / Financial Institution	<input type="text"/>	<input type="text"/>
Branch	<input type="text"/>	<input type="text"/>
Account holder name	<input type="text"/>	<input type="text"/>
Outstanding balance	<input type="text"/>	<input type="text"/>
Monthly installment/ Minimum payment	<input type="text"/>	<input type="text"/>
Are you selling the existing property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
New installment (if reduced)	<input type="text"/>	<input type="text"/>

Other Bank / Finance Account Details (eg. credit cards, vehicle finance, personal loans) - Primary Applicant

Bank / Financial Institution	Account type	Current Balance	Monthly Payment	Will this account be settled?	Is this a Business account?	Is this a Legal Entity account?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Co-applicant / Surety

Bank / Financial Institution	Account type	Current Balance	Monthly Payment	Will this account be settled?	Is this a Business account?	Is this a Legal Entity account?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Retail Accounts

Primary Applicant

Co-applicant / Surety

Name of Retail Store	Current Balance	Monthly Payment	Will this account be settled?
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of Retail Store	Current Balance	Monthly Payment	Will this account be settled?
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section H: Assets & Liabilities			Primary Applicant			Co-applicant / Surety		
	Market Value	Liabilities		Market Value	Liabilities			
Fixed property	R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>		R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>			
Vehicles	R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>		R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>			
Investments	R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>		R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>			
Furniture & fittings	R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>		R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>			
Description	Market Value	Liabilities	Description	Market Value	Liabilities			
Other assets / liabilities			Other assets / liabilities					
<input style="width: 150px;" type="text"/>	R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>	R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>			
<input style="width: 150px;" type="text"/>	R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>	R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>			
<input style="width: 150px;" type="text"/>	R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>	R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>			
<input style="width: 150px;" type="text"/>	R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>	R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>			
Total Assets / Liabilities	Total Liabilities	Net Asset Value	Total Assets / Liabilities	Total Liabilities	Net Asset Value			
Total Assets R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>	Total Assets R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>	R <input style="width: 100px;" type="text"/>			

Section I: Declarations and Consents			
I/We, the undersigned,			
a) Consent to ooba making an application for home loan finance on my/our behalf. b) Consent to an ooba Insure representative calling me/us to advise on my/our mandatory buildings insurance and my/our mortgage protection requirements related to my/our home loan application once it is granted. c) Acknowledge that personal, financial and other information is furnished to ooba for the purposes of making an application for home loan finance and are aware that I/we are required to furnish all such information truthfully and fully. d) Consent to ooba receiving all communication from the bank/s (including the quotation) pertaining to my/our home loan application. I/we consent to ooba sharing the bank/s decision on my/our home loan application with the estate agent and issuing the estate agent with a copy of the bank/s quotation. e) Consent to the bank/s only contacting me/us after ooba has notified the bank of my/our acceptance of the bank's quotation. f) Consent to ooba sharing the outcome of my/our application for a Qualified Buyers Certificate (QBC) with the estate agent. g) Consent to ooba & third parties, including banks, making enquiries to credit bureaux when assessing my/our home loan application for finance. h) Hold no other citizenships and residence for local and international tax purposes, other than those disclosed in this application form and I/we will inform the lender in writing of any change of this status within 30 days of the change of status. i) Consent to Standard Bank, ABSA and Nedbank electronically retrieving my/our bank statements. j) Do hereby appoint ooba as my/our lawful representative and agent to process my/our personal information to obtain a copy of my/our personal credit report/s ("PCR") from a registered credit bureau, including via a registered reseller provider. I/We consent to the credit bureau and/or other registered provider releasing a copy of my/our PCR to ooba to review solely for the purpose of providing me/us with advice or assistance with managing my/our credit. k) Consent that the bank may obtain and use my/our information from third-party qualification data providers to conduct an assessment to determine my/our eligibility for, and the appropriateness of, the home loan. l) Give consent to the bank to process my/our personal information to do fraud checks, as well as checks and reporting to the South African Fraud Prevention Services. m) I/We irrevocably consent that Nedbank and First National Bank may request my/our salary advices from my/our employer(s) or any third party. Yes <input type="checkbox"/> No <input type="checkbox"/> n) Consent, after my mortgage bond is registered, to receiving estate planning advice of a free Will and to explore any changed insurance requirements. I/we are aware that I/we can opt out at any time.			
Primary Applicant		Yes <input type="checkbox"/> No <input type="checkbox"/>	Secondary Applicant
			Yes <input type="checkbox"/> No <input type="checkbox"/>

FLISP Qualifying Applicants Only

- o) I/We, the undersigned, consent to ooba making application to the NHFC on my/our behalf for FLISP and for ooba to receive all communication from the NHFC pertaining to my/our FLISP application, including the final outcome of my/our application. I/We understand the purposes for which my/our personal information is required and for which it will be used by ooba and the NHFC.

Section J: Data Privacy	
Your data privacy is important to us While we will not share your personal information with anyone, we don't want you to miss out on the latest information and our products and services that would interest you. Remember, you can opt out at any time.	
Primary Applicant: • Yes please, I'd like to be kept up to date on your offers and services <input type="checkbox"/> • No thanks, I don't want to hear about your offers and services <input type="checkbox"/>	Secondary Applicant: • Yes please, I'd like to be kept up to date on your offers and services <input type="checkbox"/> • No thanks, I don't want to hear about your offers and services <input type="checkbox"/>

<p>Signed <input style="width: 300px; height: 50px;" type="text"/></p> <p>Primary applicant</p>	<p>Signed <input style="width: 300px; height: 50px;" type="text"/></p> <p>Co-applicant / Surety</p>
<p>Date <input style="width: 150px;" type="text"/> (dd/mm/yyyy)</p>	<p>Date <input style="width: 150px;" type="text"/> (dd/mm/yyyy)</p>