SA HOME LOANS APPLICATION FORM



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Marketing Options: Please indicate how you would like to receive marketing material:

Post

As above

Email

Present Postal Address

Preferred Communication

Method

Telemarketi	ng	Υ	Ν	Cor	nsum	ner L	ists	Υ	N		
Marketing	Υ	Ν		Email	Υ	Ν		SM	S	Υ	N

Code

Telemarketi	ng	Υ	N	Cor	ısum	ner L	ists	Υ	N		
Marketing	Υ	Ν		Email	Υ	Ν		SM	S	Υ	Ν

As above

Email

Post



Code

APPLICANT DE	ETAILS	of
Consultant:		
Cell:	Tel: Fax:	$\overline{\Box}$
Email:		$\overline{\Box}$
Applicant:		
Account Number:		
PERSONAL DETAILS	FIRST APPLICANT SECOND APPLICANT	
Employment Sector	Construction Financial Services Construction Financial Services	
	Food and Beverage Health Health	
	IT and Electronics Legal Legal	
	Manufacturing Media Mining Manufacturing Media Mining	
	Personal Services Public Services Public Services Public Services	
	Property Retail or Wholesale Property Retail or Wholesale	
	Security Social Services Security Social Services	
	Tourism Trade Transportation Tourism Trade Transportation	
	Other (specify) Other (specify)	
Occupation		
Employment Status	Employed Self-Employed Self-Employed Self-Employed	
5	Not currently employed Not currently employed	
Employment Contract Type	Permanent Fixed Term Contract Permanent Fixed Term Contract	
Name of Employer/Own Business		\dashv
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Start Date	d d - m m - y y y y	
Street Address of Employer/		
Own Business		\vdash
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		Ħ
	Code	Ħ
Employer Email Address		Ħ
Gross Monthly Income of Applicant	R	
Employee No		
Assessment Date its (if some books	(Required if instalment is paid by stop order) (Required if instalment is paid by stop order)	
Accountant Details (if own busine Name of Firm	ess)	
Name of Firm		\dashv
Contact Person		
Contact I Ci30II		
Contact Phone No		
Email Address		
If less than 12 months in current	t employment please provide previous employer details	
Name of Previous Employer	Camping manual provided provided completed actions	
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Start Date End Date

APPLICANT DI	ETAILS					of
Consultant:						
Cell:			Tel:	F	Fax:	
Email:						
Applicant:						
Account Number:						
BANKING DETAILS (These details a	are required for credit approva) FIRST APPLICAN	IT		SECOND APPLICANT	
PERSONAL BANKING ACCOUNT		,				
Bank						
Branch						
Account Type	Current	Savings		Current	Savings	
Account Name						
Account No						
BUSINESS BANKING ACCOUNT	DETAILS (IF APPLIC	ABLE)				
Bank						
Branch						
Account Type	Current	Savings		Current	Savings	
Account Name						
Account No						
DOMICILIUM (Address for service of le	egal documents. Active from da	te of first advance)				
Please use the property	Yes No	7		Yes No	7	
address as my domicilium If no I select this address						
as my domicilium						
		Coc	le l		Code	
DECLARATION			_			
Have you ever been declared inso	olvent?	Yes No			Yes No	
If yes, date rehabilitated		d d - m m	- y y y y		d d - m m - y y	/ y y
Have you ever been under admin	istration order?	Yes No			Yes No	
If yes, date administration order	rescinded	d d - m m	- y y y y		d d - m m - y y	/ y y
Are you currently under debt courreview in terms of the National C	nselling or debt credit Act, 2005?	Yes No			Yes No	
If yes, do you currently have a de rearrangement/s in place?	ebt	Yes No			Yes No	
Do you have any outstanding judg	gements?	Yes No			Yes No	
If yes, value of judgement(s)		R			R	
In order for SA Home Loans to pr	rocess your application	n, we need to conduct a	credit check. All your informat	ion will be treated as s	trictly confidential.	
Do you agree to SAHL conducting	g a credit check?	Yes No			Yes No	
Are you (or were you previously) a	a partner, principal m	ember or majority owner	of any commercial business (ir	the past 5 years)?		
	Yes (If yes pro	vide business names ation number)	No	Yes (If yes prov	vide business names ration number)	No
Company Name	und registi			und registi	aus Hambory	
Registration Number						



STATEMENT OF INCOME AND EXPENDITURE

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I/we confirm: 1. that this income and expenditure 2. that the information reflected is t								d by n	ne/u:	s or	uno	der n	ny/o	ur in	stru	ction	and																			

Signature Applicant 1 ____ Signature Applicant 2



Consultant:											T										<u> </u>											
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Email:								1				_		1							<u> </u>	J	JA.				<u> </u>					\Box
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LOAN DETAILS																																
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Applicant Type	Ind	ivid	ual			Joint			Mu	ltip	ole			CC	/Trus	st/Co)															
	Reg	g No)																													
In whose name is property to be registered?																															_	
Switch / Refinance Outstanding Loan	R										٦	1.0	an Te	orm] (m	onth	ne)											
Add: Cash Out	R							1			_		uick (] (111	OIILI	15)											
Estimated Costs and Fees	R										_			ise Fe	200	Yes		1	No		7											
Total Estimated Loan	R							<u> </u>			_	Ů.	ιμιται	130 1 0	ccs	163			IVO													
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Less: Deposit	R										Ī								-													
State source of funds	Sav	ings			Bor	rowing	g	7	Pro	сеє	eds f	rom	exist	ing p	rope	rty s	old															
for deposit:	Oth	er (F	Plea	se sp	ecif	y)																										
Total Requirement	R																															
Register Higher Bond	R																															
Seller ID																																
PROPERTY DETAILS																																
Property Address						T					Т	Т									Т											
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Please use property address as	Yes			No																												
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(as per title deed)											+	+									 						<u> </u>					
Est Market Value	R							+			1																					
Property Type	Hoi	use			Flat	:	\exists	Du	plex		+	7	Si	mple	X			Clu	ıste	r	Τ		Ма	isoı	nette)	Τ					
Title Type	Fre	ehol	ld			Free	nold l	 Estat	<u>—</u>		Ť	Se	ec Ti	tle			Se	c Tit	le w	/ith	HO	;]				_				
Occupancy Type	Ow	ner	Осс	upie	d l			olida		me	<u> </u>	T	7	_	estn	nent				Π	7		-									
Contact details for valuation appo													_								_											
Name & Surname																																
Contact No																																
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Contact No											Ī																					
If new purchase, off-plan purchase	Yes			No																												

LOAN DETAILS



1 (DAN DETAILS																																	of	
	MIN DE IMILO																																		
Con	sultant:																																		
Cell	:											T	el:											Fa	ax:										
Ema	iil:																																		
Арр	licant:																																		
Acc	ount Number:																																		
MET	HOD OF PAYMENT																																		
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Payr	nent Method	Deb	it 0	rder				Sul	bsidy	y Sto	p Or	der																							
Reco	ord Salary Payment Date	d	d																																
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Acco	ount Type	Curi	rent			1	Sa	vings	5																										
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	e Loans?	Flye				Ra	dio	<u> </u>		Ret	erra				Ne	wspa	per			_	TV			Ma	gazir	ne			Onl	ine	_	_			
		Oth	er																																
APF	LICATION DECLARATIONS	S																																	
I her	eby acknowledge and declare th	nat:																																	
1.	All information given by me/us is	s true	e, acc	curat	e an	d cor	rect.	I/We	have	e revi	ewed	I the	infor	mati	on an	ıd coı	nfirm	the	corre	ectne	ss the	ereof.													
2.	I/We have provided all information	on tha	at is	direc	ctly re	eleva	nt ar	nd ma	ateria	l to n	ny/ou	ır apı	plica	tion.																					
3.	I/We have the legal capacity to e	nter	into	an ag	greer	ment	unas	ssiste	d as	a ma	jor.																								
	I/We consent to SA Home Loans regular updates with regard to the reference agencies making this	ne co	ndud	ct of	my/o	our ac	nuooo	nt. Th	nis wi	II inc	ude		_							,								_				_	_		
5.	I/We am/are not under debt revi changing from date of my/our si																							_	_						our c	ircur	mstar	nces	
6.	I/We am/are not aware of any other	her ir	nform	natio	n wh	ich c	ould	adve	rsely	affec	t my	our/	appl	icatio	n.																				
7.	I/We consent to SA Home Loans	carr	ying	out i	dent	ity ar	nd fra	aud p	rever	ntion	chec	ks a	nd sl	narin	g info	rmat	ion re	elatin	g to	this a	applic	ation	with	the	Sout	h Afr	ican	Fraud	d Pre	venti	on S	ervic	e.		
8.	In the event of my/our financial	situat	tion o	chan	ging,	, sucl	h tha	t my/	our a	ability	to pa	ay th	e tot	al mo	onthly	payı	ment	to S/	A Ho	me L	.oans	is ac	verse	ely af	fecte	ed, I/	we wi	.II info	orm S	SA Ho	ome	Loan	s in v	writin	g.
9.	I/We am/are able to afford the re	epayn	nents	s of t	he h	ome	loan	finan	ice I/	we ar	n/are	e see	king.																						
10.	I/We am/are aware that this app	licatio	on is	subj	ect t	o the	stan	idard	term	is and	d cor	nditio	ns o	f SA	Home	e Loa	ns ar	ıd all	its c	redit	crite	ria ap	plica	ble t	o ho	me lo	an fi	nanc	e.						

- 11. I/We further understand that I/we am/are required to have and maintain in full force Home Owner's Insurance Cover over the property for the full replacement value of the property. I/We confirm that SA Home Loans is authorised, but not obliged, to arrange the necessary cover with SA Home Loans Insurance Company if I/we do not provide SA Home Loans with proof that the necessary insurance is in place prior to registration of the loan.
- 12. I/We have declared whether I/we have been a principal member or a majority owner of any commercial business in the past five years.
- 13. My domicilium address selected above will apply to all loan accounts with SA Home Loans Group and will apply from date of first advance under this loan.
- 14. I/We consent to SA Home Loans sharing information with the surety should a surety be added to the home loan account.

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