

Co-Applicant / Spouse

PERSONAL DETAILS - Main Applicant

Surname	<input type="text"/>	First Name(s)	<input type="text"/>
Title	<input type="text"/> Ethnic Group <input type="text"/>	No of Dependents	<input type="text"/> No. in Household <input type="text"/>
ID No / Passport No	<input type="text"/>	Gender	<input type="text"/>
Date Passport Issued	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> C <input type="text"/> C <input type="text"/> Y <input type="text"/> Y	SA Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Passport Expires	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> C <input type="text"/> C <input type="text"/> Y <input type="text"/> Y	Are you a smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country Passport issued	<input type="text"/>	Perm. Resident Country	<input type="text"/>
Work Permit No.	<input type="text"/>	Nationality	<input type="text"/>
Correspondence Language	<input type="text"/>	Expiry Date	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> C <input type="text"/> C <input type="text"/> Y <input type="text"/> Y
Home Language	<input type="text"/>	Highest Qualification	<input type="text"/>
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/er	Income Tax No.	<input type="text"/>
Marital Contract	<input type="checkbox"/> ANC (with) <input type="checkbox"/> ANC (without) <input type="checkbox"/> COP <input type="checkbox"/> Other	Is Spouse a Co-Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Do you receive a social grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CONTACT DETAILS - Main Applicant

Home Tel. No.	<input type="text"/>	Cell Tel. No.	<input type="text"/>
Email Address	<input type="text"/>		
Physical Address	<input type="text"/>		
Suburb	<input type="text"/>	City	<input type="text"/> Postal code <input type="text"/>
Province	<input type="text"/>	Country	<input type="text"/>
Postal Address (if different to Physical)	<input type="text"/>		
Suburb	<input type="text"/>	City	<input type="text"/> Postal code <input type="text"/>
Province	<input type="text"/>	Country	<input type="text"/>
Residential Status	<input type="checkbox"/> Border <input type="checkbox"/> Living with parents <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	Length at current address	<input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M

EMPLOYMENT DETAILS - Main Applicant

Occupation Status	<input type="text"/>	Employer Name	<input type="text"/>
Occupation	<input type="text"/>	Occupation Level	<input type="text"/>
Work No.	<input type="text"/>	Fax No.	<input type="text"/>
Employer Address	<input type="text"/>		
Suburb	<input type="text"/>	City	<input type="text"/> Postal code <input type="text"/>
Province	<input type="text"/>	Country	<input type="text"/>
Employment Period	<input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M	Employee No.	<input type="text"/>
Employment sector	<input type="text"/>	Income frequency	<input type="text"/> Source of income <input type="text"/>
Previous Employer Name	<small>Only mandatory if you've been with your current employer for less than 3 years</small> <input type="text"/>		
		Previous Employment Period	<input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M

SOLVENCY DETAILS - Main Applicant

Are you currently under Administration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently in a credit bureau dispute?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you ever under Administration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you bound by any surety agreements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a judgement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify amount	<input type="text"/>
Are you currently under debt review?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently paying this account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently under any debt re-arrangement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Installment	<input type="text"/>
Are you aware of any adverse credit listings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you be settling this account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been declared Insolvent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	New installment (only capture if payment will be reduced)	<input type="text"/>
Date of insolvency	<input type="text"/> M <input type="text"/> M <input type="text"/> C <input type="text"/> C <input type="text"/> Y <input type="text"/> Y	Details of Suretyship	<input type="text"/>
If rehabilitated, date	<input type="text"/> M <input type="text"/> M <input type="text"/> C <input type="text"/> C <input type="text"/> Y <input type="text"/> Y	Applicant Signature	<input type="text"/>



Co-Applicant / Spouse

BANK ACCOUNTS AND CONTRACTUAL DEBT (Vehicle Finance, Existing Mortgage Loans, Personal Loans, Credit Card)							
Institution	Branch	Account Type	Account Holder	Account No.	Instalment	Balance	Settle
Applicant has consented that the bank/s can electronically retrieve his/her bank statements <input type="checkbox"/> Yes <input type="checkbox"/> No					Total Contractual Instalments		

Accounts (Retail accounts, Cell phone contracts, DSTV etc.)			
Description	Instalment	Balance	Settle
Total Account Instalments			

Monthly Income & Expenses - Main Applicant			
Salary & Other Income	Amount	Monthly Expenses	Amount
Gross Monthly Salary		Rental	
Average Commission / Overtime		Investments (Unit Trusts, Endowments)	
Investments / Interest Income		Rates and Taxes	
Rental Income		Water and Lights	
Housing Subsidy		Property Maintenance & Garden Services	
Monthly Car allowance		Petrol & Maintenance	
Travel Allowance		Insurance and funeral policies	
Entertainment		Assurance (Life, Retirement Annuities)	
Maintenance / Alimony		Groceries	
Entertainment		Clothing (Cash purchases)	
Other (Specify)		Levies	
Other (Specify)		Domestic Wage	
Total Gross Income (A)		Education	
		Entertainment	
		Security	
		Medical	
		Donations	
		Cellphone (non-contractual)	
		Telephone and Internet (ISP)	
		Maintenance / Alimony	
		Total Contractual instalments (total figure from bank account section)	
		Total Account instalments (total figure from bank account section)	
		Other (Specify)	
		Other (Specify)	
Total Salary Deductions (B)		Monthly Expenses	
Total Gross Income			
Total Deductions & expenses			
Net Surplus/Shortage (+/-)			

ASSETS AND LIABILITIES					
Assets	Description	Value	Liabilities	Description	Balance
Fixed Property			Mortgage Bonds		
Vehicle			Installment Sale/Lease Agreements		
Furniture and Fittings			Credit Cards		
Other Assets			Cheque Account		
Investments			Personal Accounts		
Cash on Hand			Other Liabilities		
TOTAL Assets			TOTAL Liabilities		

DECLARATION - Main Applicant

I warrant that all the information I supplied is to the best of my knowledge and belief true and correct in all material respects. I am not aware of any other information which, should it become known to the Bank, would effect the consideration of my application in any way. I hereby appoint CapCubed as my sole agent to obtain mortgage loan finance for this property on my behalf. I agree that the Bank can provide any information pertaining to the Loan applied for, sharing positive and negative information to CapCubed during the application process. I hereby authorise the Bank to have access to my credit bureau records, and to furnish or to disclose any information arising from any agreement entered into with the Bank to any such credit bureaus. I hereby authorise CapCubed to supply my details to their exclusive business partners to enable them to provide me with tailored quotes for products to suit my circumstances. My details will not be shared with any other parties. I confirm that my solvency status as indicated above is correct to the best of my knowledge and I understand that CapCubed will deal with these matters with the strictest confidentiality.

I/we confirm that the notifications above have been read & understood.

		D	D	M	M	C	C	Y	Y
Applicant Name	Applicant Signature	Date							