

APPLICATION FORM

PLEASE NOTE: All bold fields are compulsory and must be completed.

FOR INTERNAL USE ONLY

Business	<input type="text"/>	Consultant	<input type="text"/>
Lead Individual	<input type="text"/>	Lead Branch	<input type="text"/>
Administrator	<input type="text"/>	Date Received	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bank of Submission	<input type="checkbox"/> ABSA <input type="checkbox"/> FNB <input type="checkbox"/> Nedbank <input type="checkbox"/> Standard Bank <input type="checkbox"/> Sanlam	Manual Bank(s) of Submission	<input type="text"/>

APPLICATION DETAILS

Suretyship Offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Application Type	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Multiple <input type="checkbox"/> Private Company <input type="checkbox"/> Trust <input type="checkbox"/> Closed Corporation <input type="checkbox"/> Private Trust			
Loan Type	<input type="checkbox"/> Ordinary <input type="checkbox"/> Building <input type="checkbox"/> Switch - Building <input type="checkbox"/> Switch - Ordinary <input type="checkbox"/> Further Advance - Ordinary <input type="checkbox"/> Further Advance - Improvements <input type="checkbox"/> Development <input type="checkbox"/> Re-Advance			
Transfer Attorney	<input type="text"/>	Transfer Attorney Tel. No.	<input type="text"/>	<input type="text"/>
Bond Attorney	<input type="text"/>	Bond Attorney Tel. No.	<input type="text"/>	<input type="text"/>

COMPANY DETAILS - Complete when application type is Company / CC / Trust

Company Name	<input type="text"/>	Type of Business	<input type="text"/>		
Primary Business Activity	<input type="text"/>	Conduct Trading	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Company 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"/>		
Has Company Been Registered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registration No.	<input type="text"/>		
Country of Registration	<input type="text"/>				
Company Tel. No.	<input type="text"/>	<input type="text"/>	Company Fax No.	<input type="text"/>	<input type="text"/>

Company Income	Amount
Monthly Cash Flow	<input type="text"/>
Monthly Net Profit	<input type="text"/>
Monthly Disposable Cash	<input type="text"/>

Company Income	Amount
Enterprise Turnover	<input type="text"/>
Sales Income	<input type="text"/>
Services Income	<input type="text"/>

Agricultural Activities Classification	Percentage Breakdown
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

APPLICATION FORM

Bank Staff Member ABSA FNB Nedbank Standard Bank Sanlam

How long has your employer been operating? (Years) Employee No.

Date Started

D	D	M	M	C	C	Y	Y
---	---	---	---	---	---	---	---

 Occupation

Occupation Level Unskilled Worker Semi-skilled Worker Skilled Worker Junior Position Supervisor Management Senior Management

Employment Sector Agriculture Armed Forces Catering & Entertainment Civil Service Communication Construction
 Education Finance Health Industrial I.T. Legal Profession
 Media Nature Reserves Sales & Marketing Science Security Transportation
 Welfare Other

Source of Income Donation / Gift Inheritance Investments Pension Policy Retirement Annuity Salary
 Other

Proof of Income Payslip Bank Statement Wages None

Salary Frequency Daily Weekly Bi-weekly Monthly Other

PLEASE NOTE: Previous employer details are only mandatory if you have been with your current employer for less than three years.

Previous Employer Name Period Employed (months)

SOLVENCY DETAILS - Main Applicant

Have you ever been declared insolvent? Yes No Date of Insolvency

D	D	M	M	C	C	Y	Y
---	---	---	---	---	---	---	---

Have you been rehabilitated? Yes No Date of Rehabilitation

D	D	M	M	C	C	Y	Y
---	---	---	---	---	---	---	---

Have you ever had a dispute with the Credit Bureau? Yes No

Have you ever had a judgment? Yes No

Have you ever been under an administration order? (Garnishing Order) Yes No

Are you currently under an administration order? (Garnishing Order) Yes No

Are you currently under a debt review / in debt counselling? Yes No

Do you currently have a debt arrangement in place? Yes No

Name of Debt Counsellor Debt Counsellor Tel. No.

Monthly Income & Expenses – Main Applicant

Salary Type Basic Salary Cost to Company

Salary & Commission Income	Amount
Basic Salary / Cost to Company	
Housing Allowance	
Car Allowance	
Cellphone Allowance	
Entertainment Allowance	
Commission	
Overtime	
Other (Specify)	
Total Gross Salary	

Other Monthly Income	Amount
Income from Rental Income	
Income from Investments & Dividends	
Surety Income	
Other (Specify)	
Other Total Income	

Salary Deductions	Amount
U.I.F	
Income Tax	
Pension	
Medical Aid	
Other (Specify)	
Total Deductions	

Other Monthly Expenses	Amount
Staff Loans	
Bond(s) / Rent (Exist) excluding settling loans	
New Bond	
Asset Finance (Vehicles, Boats, etc.)	
Levy, Rates & Taxes, Water & Lights	
Transport Costs (Petrol etc.)	
Insurance (Life, Vehicle, Household)	
Groceries & Clothing	
Store Cards, Credit Card Payments	
Domestic Helper & Garden Services	
Education	
Entertainment	
Telephone & Cellphone	
Personal Loan	
Household Security	
Overdraft Payments	
Other (Specify)	
Total Expenses	

Home Loan Installment/Rental Amount to be Settled (Reduction in Installment)

Vehicle Finance Amount to be Settled (Reduction in Installment)

Total Income - **Total Expenses** = **Surplus / Shortage**

BANK DETAILS - Main Applicant

Institution	Branch	Account Type	Account Holder	Account No.	Balance	Use as Debit Account?

ASSET DETAILS - Main Applicant

FIXED PROPERTY	
Description	Present Value

VEHICLES	
Description	Present Value

INVESTMENTS	
Description	Present Value

OTHER	
Description	Present Value

(A) Total Assets

LIABILITY DETAILS - Main Applicant

BONDS	
Description	Amount Owing

VEHICLES / HP FACILITY	
Description	Amount Owing

RETAIL ACCOUNTS / STORE CARDS / CREDIT CARDS	
Description	Amount Owing

OVERDRAFT	
Description	Amount Owing

OTHER	
Description	Amount Owing

(B) Total Liabilities

(A) Total Assets - (B) Total Liabilities = Net Asset Value

PERSONAL DETAILS - Co-applicant

Surname	<input type="text"/>	First Name(s)	<input type="text"/>
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Rev.		
Ethnic Group	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> White	No. of Dependants	<input type="text"/> No. in Household <input type="text"/>
ID Type	<input type="checkbox"/> Book of Life / ID <input type="checkbox"/> Passport	SA Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
ID No. / Passport No.	<input type="text"/>	Type of Permit	<input type="checkbox"/> Work <input type="checkbox"/> Study <input type="checkbox"/> Refugee <input type="checkbox"/> Permanent Resident
Date Passport Issued	<input type="text"/>	Date Work Contract Issued	<input type="text"/>
Date Passport Expires	<input type="text"/>	Date Work Contract Expires	<input type="text"/>
Country Passport Issued	<input type="text"/>	Permit No.	<input type="text"/>
Nationality	<input type="text"/>	Date Permit Issued	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Perm. Resident Country	<input type="text"/>
Date of Birth	<input type="text"/>	Temp. Permit No.	<input type="text"/>
Income Tax No.	<input type="text"/>	Date Temp. Permit Expires	<input type="text"/>
Correspondence Language	<input type="checkbox"/> Afrikaans <input type="checkbox"/> English	Country Permit Issued	<input type="text"/>
Home Language	<input type="text"/>	Is Applicant Surety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Highest Qualification	<input type="checkbox"/> School Leaver <input type="checkbox"/> Certificate 24 Months <input type="checkbox"/> Diploma 1 Year <input type="checkbox"/> Diploma 2 Years <input type="checkbox"/> Diploma 3 Years <input type="checkbox"/> Degree 3 & 3+ Years <input type="checkbox"/> Post Graduate Diploma 12 Months <input type="checkbox"/> Honours <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er)	Is Spouse a Co-applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Contract	<input type="checkbox"/> ANC (with) <input type="checkbox"/> ANC (without) <input type="checkbox"/> COP		
Is Existing Client of	<input type="checkbox"/> ABSA <input type="checkbox"/> FNB <input type="checkbox"/> Nedbank <input type="checkbox"/> Standard Bank <input type="checkbox"/> Sanlam		

CONTACT DETAILS - Co-applicant

Home Tel. No.	<input type="text"/>	Work Tel. No.	<input type="text"/>
Cellphone No.	<input type="text"/>	Fax No.	<input type="text"/>
Email Address	<input type="text"/>		
Preferred Method of Contact	<input type="checkbox"/> SMS <input type="checkbox"/> Email <input type="checkbox"/> Post		
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	Occupied Since	<input type="text"/>

EMPLOYMENT DETAILS - Co-applicant

Employment Status	<input type="checkbox"/> Contract Worker <input type="checkbox"/> Full-time Employee <input type="checkbox"/> Home Executive <input type="checkbox"/> Part-time Employee <input type="checkbox"/> Retired / Pensioner <input type="checkbox"/> Self-employed (Non-professional) <input type="checkbox"/> Self-employed (Professional) <input type="checkbox"/> Student / Scholar <input type="checkbox"/> Temp Employed <input type="checkbox"/> Unemployed		
Applicant's First Job?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer Name	<input type="text"/>
Employer Tel. No.	<input type="text"/>	Employer 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"/>

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D	D	M	M	C	C	Y	Y
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 Occupation

Occupation Level Unskilled Worker Semi-skilled Worker Skilled Worker Junior Position Supervisor Management Senior Management

Employment Sector Agriculture Armed Forces Catering & Entertainment Civil Service Communication Construction Education Finance Health Industrial I.T. Legal Profession Media Nature Reserves Sales & Marketing Science Security Transportation Welfare Other

Source of Income Donation / Gift Inheritance Investments Pension Policy Retirement Annuity Salary Other

Proof of Income Payslip Bank Statement Wages None

Salary Frequency Daily Weekly Bi-weekly Monthly Other

PLEASE NOTE: Previous employer details are only mandatory if you have been with your current employer for less than three years.

Previous Employer Name Period Employed (months)

SOLVENCY DETAILS - Co-applicant

Have you ever been declared insolvent? Yes No Date of Insolvency

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---	---	---	---	---	---	---	---

Have you been rehabilitated? Yes No Date of Rehabilitation

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---	---	---	---	---	---	---	---

Have you ever had a dispute with the Credit Bureau? Yes No

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Do you currently have a debt arrangement in place? Yes No

Name of Debt Counsellor Debt Counsellor Tel. No.

Monthly Income & Expenses - Co-applicant

Salary Type Basic Salary Cost to Company

Salary & Commission Income	Amount
Basic Salary / Cost to Company	
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Car Allowance	
Cellphone Allowance	
Entertainment Allowance	
Commission	
Overtime	
Other (Specify)	
Total Gross Salary	

Other Monthly Income	Amount
Income from Rental Income	
Income from Investments & Dividends	
Surety Income	
Other (Specify)	
Other Total Income	

Salary Deductions	Amount
U.I.F	
Income Tax	
Pension	
Medical Aid	
Other (Specify)	
Total Deductions	

Other Monthly Expenses	Amount
Staff Loans	
Bond(s) / Rent (Exist) excluding settling loans	
New Bond	
Asset Finance (Vehicles, Boats, etc.)	
Levy, Rates & Taxes, Water & Lights	
Transport Costs (Petrol etc.)	
Insurance (Life, Vehicle, Household)	
Groceries & Clothing	
Store Cards, Credit Card Payments	
Domestic Helper & Garden Services	
Education	
Entertainment	
Telephone & Cellphone	
Personal Loan	
Household Security	
Overdraft Payments	
Other (Specify)	
Total Expenses	

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Vehicle Finance Amount to be Settled (Reduction in Installment)

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BANK DETAILS - Co-applicant

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ASSET DETAILS - Co-applicant

FIXED PROPERTY	
Description	Present Value

VEHICLES	
Description	Present Value

INVESTMENTS	
Description	Present Value

OTHER	
Description	Present Value

(A) Total Assets

VEHICLES / HP FACILITY	
Description	Amount Owing

LIABILITY DETAILS - Co-applicant

BONDS	
Description	Amount Owing

RETAIL ACCOUNTS / STORE CARDS / CREDIT CARDS	
Description	Amount Owing

OVERDRAFT	
Description	Amount Owing

OTHER	
Description	Amount Owing

(B) Total Liabilities

(A) Total Assets - (B) Total Liabilities = Net Asset Value

LOAN DETAILS

Bond Registered in the Name of	<input type="text"/>		
Dwelling Purpose	<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Holiday Home <input type="checkbox"/> Rented Out <input type="checkbox"/> Business <input type="checkbox"/> Vacant		
Future Postal 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"/>
First Purchase?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Purchase Date
Purchase Amount	<input type="text"/>	Market Value	<input type="text"/>
Loan Amount / Extension Amount	<input type="text"/>	Further Loan Account No.	<input type="text"/>
Registration Amount	<input type="text"/>	Expected Registration Date	<input type="text"/>
Rate Type	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable		Interest Period (if fixed rate)
Offer to Purchase Expiry Date	<input type="text"/>	Cost Included with Bond?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bond Costs	<input type="text"/>		
Initiation Fee Payment	<input type="checkbox"/> Add to Principal Debts <input type="checkbox"/> Client Payment <input type="checkbox"/> From the Proceeds of a Loan <input type="checkbox"/> Waiver (Bank Waivers Fee)		
Loan Term (Months)	<input type="text"/>	Instalment Method	<input type="checkbox"/> Debit Order <input type="checkbox"/> Salary Stop Order
Complete if installment is by debit order.			
Debit a/c Institution	<input type="text"/>	Debit a/c Branch	<input type="text"/>
Debit a/c Holder	<input type="text"/>	Debit a/c Account Type	<input type="text"/>
Debit a/c No.	<input type="text"/>		

LIFE INSURANCE DETAILS

Do you have sufficient life cover to cover the value of this home loan? Yes No

DEPOSIT & SECURITY DETAILS

Complete deposit details if applicable:

Deposit Cash Component Amount	<input type="text"/>	Suretyship Amount	<input type="text"/>
Security Bonds Amount	<input type="text"/>	Collateral Security Amount	<input type="text"/>
Other Amount	<input type="text"/>		
Surety Type	<input type="checkbox"/> Fixed Amount <input type="checkbox"/> Unlimited <input type="checkbox"/> None		
Surety Name	<input type="text"/>	Surety Amount	<input type="text"/>
Collateral Type	<input type="checkbox"/> Business Scheme <input type="checkbox"/> Collateral other than Business Scheme		Collateral Amount
Housing Scheme	<input type="checkbox"/> Yes <input type="checkbox"/> No		Guarantee Amount
			<input type="text"/>

BUILDER DETAILS - Complete when loan type is building loan or new development.

Developer Name	<input type="text"/>	New Development	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contractor Name	<input type="text"/>	Contractor Tel. No.	<input type="text"/>	<input type="text"/>
Contract Amount	<input type="text"/>	Is Land Paid For?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Expected Date of Completion	<input type="text"/>			

PROPERTY & SELLER'S DETAILS

Company Name	<input type="text"/>	Company Registration No.	<input type="text"/>
Seller ID Number	<input type="text"/>	Seller Surname	<input type="text"/>
Seller First Name	<input type="text"/>	Seller Second Name	<input type="text"/>
Seller Tel. No.	<input type="text"/>	Is the property currently bonded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bondholder Institution	<input type="text"/>	Branch	<input type="text"/>
Bond Account No.	<input type="text"/>	Erf No.	<input type="text"/> Portion No. <input type="text"/>
Portion Details	<input type="text"/>	Street No.	<input type="text"/>
Street Name	<input type="text"/>	Suburb	<input type="text"/>
City	<input type="text"/> Postal Code <input type="text"/>	Province	<input type="text"/>
Type of Property	<input type="checkbox"/> Cluster <input type="checkbox"/> Duet Sectional Title <input type="checkbox"/> Duet Full Title <input type="checkbox"/> Dwelling <input type="checkbox"/> Sectional Title <input type="checkbox"/> Small Holding <input type="checkbox"/> Vacant Land		
Is the property a Development?	<input type="checkbox"/> Yes <input type="checkbox"/> No Farm Name <input type="text"/>		
Land Area (m2)	<input type="text"/>	Building Size (m2)	<input type="text"/>
Type of Walls	<input type="checkbox"/> Brick <input type="checkbox"/> Concrete <input type="checkbox"/> Non-brick <input type="checkbox"/> Partitioning <input type="checkbox"/> Stone		
Type of Roof	<input type="checkbox"/> Asbestos <input type="checkbox"/> Concrete <input type="checkbox"/> Thatch <input type="checkbox"/> Tiles <input type="checkbox"/> Wood <input type="checkbox"/> Iron		
Valuation Full Name	<input type="text"/>	Valuation Tel. No.	<input type="text"/>
Valuation Cellphone No.	<input type="text"/>		<input type="text"/>

SECTIONAL TITLE DETAILS - Complete when type of property is cluster or sectional title

Has Sectional Title Register Been Opened?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complex Name	<input type="text"/>
Complex Street Name	<input type="text"/>	Complex Suburb	<input type="text"/>
Complex No.	<input type="text"/>	Sectional Title Unit No. (Plans)	<input type="text"/>
Garage Bay No.	<input type="text"/>	Door No.	<input type="text"/>
Managing Agent Details	<input type="text"/>	Parking Bay No.	<input type="text"/>
Alternative Contact No.	<input type="text"/>	Managing Agent Tel. No.	<input type="text"/>

DECLARATION

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 affect the consideration of my application in any way. I hereby appoint the Originator 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 the Originator 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 the Originator 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 I am not currently under debt review and am not subject to any debt rearrangement orders and I understand that the originator will deal with these matters with the strictest confidentiality.

Main Applicant Name	Main Applicant Signature	Date
Co-applicant Name	Co-applicant Signature	Date

BANK SPECIFIC DETAILS - ABSA

Preferred ABSA Branch	<input type="text"/>	Processing Region	<input type="text"/>
Repayment Day	<input type="text"/>	I hereby authorise Telkom to supply ABSA with updated contact details <input type="checkbox"/> Yes <input type="checkbox"/> No	
Settle existing ABSA Mortgage Loan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Telkom Contact Name	<input type="text"/>
Settle Non-ABSA Mortgage Loan Account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Telkom Contact No.	<input type="text"/>
If you want to make use of the Multiplan Facility Structure, how many Multiplan Accounts would you like to apply for?		<input type="checkbox"/> One <input type="checkbox"/> Two	

MULTIPLAN 1

MultiPlan Purpose	<input type="text"/>	MultiPlan Loan Amount	<input type="text"/>
MultiPlan Term (Months)	<input type="text"/>	Negotiate a Fixed Rate?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide term of fixed rate (Months) <input type="text"/>

MULTIPLAN 2

MultiPlan Purpose	<input type="text"/>	MultiPlan Loan Amount	<input type="text"/>
MultiPlan Term (Months)	<input type="text"/>	Negotiate a Fixed Rate?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide term of fixed rate (Months) <input type="text"/>
Flexi-Reserve Option	<input type="checkbox"/> Advance Payment Option <input type="checkbox"/> Outstanding Balance Over Original Term <input type="checkbox"/> Outstanding Balance Over Remaining Term	<input type="checkbox"/> Term of Loan <input type="checkbox"/> Set / Fixed Amount Over Full Term	
Flexi Reserve Further Options	<input type="text"/>	Personal Guarantee Amount	<input type="text"/>
Amount of Government Subsidy	<input type="text"/>	Social Grant	<input type="text"/>

BANK SPECIFIC DETAILS - FNB

Processing Branch	<input type="text"/>	Type of Bond	<input type="text"/>
Previous Mortgage Period	<input type="text"/>	Type of Street	<input type="text"/>
Type of Offer	<input type="checkbox"/> Deed of Sale <input type="checkbox"/> Offer to Purchase	Other	<input type="text"/>
Future Choice Principal Amount	<input type="text"/>	Future Choice Registration Amount	<input type="text"/>
To Convert your cheque account into an FNB One Account, specify cheque account no.	<input type="text"/>	Convert ILP Account to a FNB One Account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ILP Account No.	<input type="text"/>		

BANK SPECIFIC DETAILS - NEDBANK

Preferred Branch	<input type="text"/>	Processing Region	<input type="text"/>
Where should your statement be sent to?	<input type="checkbox"/> Future <input type="checkbox"/> Postal <input type="checkbox"/> Residential	Application coincides with change of job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Access to advance payment required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Take Payment Holiday Option	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Property Option	<input type="checkbox"/> Bank to Arrange <input type="checkbox"/> Ceded <input type="checkbox"/> Group Scheme <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Applicable	
Insurance Cover Reason	<input type="text"/>	Insurance Company	<input type="text"/>
Insurance Policy Number	<input type="text"/>	Insurance Payment Method	<input type="text"/>
Monthly Insurance Premium	<input type="text"/>	Life Assurance Type	<input type="checkbox"/> Cede Policy <input type="checkbox"/> LPA <input type="checkbox"/> Waived
Life Assurance LPA Type	<input type="checkbox"/> Death <input type="checkbox"/> Death & Disabilities	Life Assurance Institution	<input type="text"/>
Assurance Cover Amount	<input type="text"/>	Monthly Assurance Premium	<input type="text"/>
Cede Policy Number	<input type="text"/>	Property Usage	<input type="text"/>

BANK SPECIFIC DETAILS - STANDARD BANK

Processing Branch	<input type="text"/>	Bank Product	<input type="text"/>
Jumpstart Option	<input type="text"/>	Is this an existing Standard Bank Bond?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Existing Standard Bank Bond Account No.	<input type="text"/>	Existing Non-STD Home Loan Installment Amount	<input type="text"/>
Existing Non-STD Home Loan Amount	<input type="text"/>	Home Loan Protection Plan	<input type="text"/>

BANK SPECIFIC DETAILS - SANLAM BANK

Processing Region Repayment Day

If you want to make use of the Money Manager Facility, how many Money Manager Accounts would you like to apply for? One Two

Money Manager 1

Money Manager Purpose Money Manager Term (Months)
 Money Manager Loan Amount Negotiate a fixed rate? Yes No If yes, provide term of fixed rate (Months)

Money Manager 2

Money Manager Purpose Money Manager Term (Months)
 Money Manager Loan Amount Negotiate a fixed rate? Yes No If yes, provide term of fixed rate (Months)
 Personal Guarantee Amount Social Grant
 Amount of Government Subsidy