

HOUSING LOAN APPLICATION

WHERE THERE ARE OPTIONS TICK FOR THE CORRECT INFORMATION

Date Received	Type of Loan Required	Purchase <input type="checkbox"/>	Building <input type="checkbox"/>
Interview Officer or Source of Business		Other <input type="checkbox"/>	Bond Switch <input type="checkbox"/>
		Re-Advance <input type="checkbox"/>	
		Additional Loan <input type="checkbox"/>	
		Existing Account Number <input type="checkbox"/>	
		Branch <input type="checkbox"/>	

All questions must be answered in detail.

The information supplied will be treated as confidential. Answer the questions or tick the applicable box.

SECTION 1: PARTICULARS OF APPLICANT

1.1	Surname						Title	Mr	Mrs	Ms	Dr	Prof
1.2	First Names	1.	2.	3.								
1.3	Nationality											
1.4	ID Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ID Type	
1.5	Telephone Numbers	Business ()			Fax ()			Email:				
		Home ()			Cell:			Email:				
1.6	Marital Status	Single		Divorced		Widow/er		Other				
		Married - Date				- Complete Section 2						
		COP - before 1/11/84		ANC - without Accrual		Customary Union						
		COP - after 1/11/84		ANC - with Accrual		Section 22(6)w						
1.7	No. Of Dependants											
1.8	Client Gender	MALE	FEMALE									
1.9	Date of Birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.10	Education Qualifications											
1.11	Are you a South African citizen?	Y	N									
1.12	If not, are you a permanent Resident?	Y	N									
1.13	Permanent Residence Permit Issue No.											
1.14	Country of origin											

SECTION 1: PARTICULARS OF APPLICANT (CONTINUED)

1.15	Present Domicilium Address												
													Code
1.16	Present Postal Address												
													Code
1.17	Contact Person / Relative not living at Same address	Surname				First Names:							
		Relationship:				Tel No:				Cell:			
1.18	Salary Banking Details	Bank						Branch Code					
		Account Number											

Ithala Soc Limited is a wholly-owned subsidiary of Ithala Development Finance Corporation Limited Reg. No. 2001/007427/30
Ithala SOC Limited is an Authorised Financial Services and Credit Provider
 FSP License No. 17139 NCRCP No. 1559

SECTION 2: EMPLOYMENT DETAILS

2.1	Name of Employer / Business											Department	
2.2	Occupation					Employment Sector	Branch						
2.3	Employer Address	(Physical)											
		(Postal)											
												Code	
2.4	Start Date at Current Employer	D	D	M	M	Y	Y	Y	Y	Retirement Age:			
2.5	Salary Frequency: Weekly / Monthly					Employee No:				Tax Ref No:			
2.6	Employer Phone ()					Employer Fax ()				Email			
2.7	Previous Employer											No. of Years	

SECTION 3: PARTICULARS OF CO-APPLICANT

3.1	Surname											Title
3.2	First Names	1.					2.					3.
3.3	Date of Birth							Nationality				
3.4	Identity Number											ID Type
3.5	Telephone Number	Home ()					Cell:					Email:
3.6	Employer's Name											
3.7	Employer's Address (Physical)											
	(Postal)											Code
3.8	Employer's Telephone Number	()										
3.9	Employee Number											Contact Name
3.10	Tax Ref No.											Retirement Age
3.11	Occupation											

SECTION 4: APPLICANT'S HEALTH

4.1	Have you ever had any serious illness, disorder, operation, disability or accident?	YES										
		NO										
4.2	If yes, please give details											

SECTION 5: PARTICULARS OF LOAN

5.1	Purchase Price	R		c	
5.2	Erections Cost	R		c	
5.3	Site Costs	R		c	
5.4	Re-Advance / Additional Loan Amount	R		c	
5.5	Additions / Alteration	R		c	
5.6	Loan Redemption	R		c	

SECTION 5: PARTICULARS OF LOAN (CONTINUED)

5.7	Other - Specify	R		c	
5.8	Less Own Contribution	R		c	
5.9	Less Employer's Contribution	R		c	
5.10	TOTAL LOAN REQUIRED (TO SECTION 12)	R		c	Exclude Official Costs & Capital Subsidy

SECTION 6: LOAN DETAILS

6.1	First time home buyer	Yes		No	
6.2	Do you have an existing home loan	Yes	No	Bank	A/C No:
6.3	Purpose of Dwelling	Owner Occupied	Holiday House	Improvements	
		Renting out		Build	
6.4	How will instalments be made?	Debit order		Stop order	

SECTION 7: PARTICULARS OF PROPERTY

7.1	Site/Erf/Lot Number	Urban	Rural	Town	District
7.2	Street Address				
7.3	Suburb/Town			City	
		Site/Street/PO Box			
7.4	Future Postal Address (02)	Area			
		Code		Effective Date	
7.5	Type of Title				
7.6	Is Property Bonded?	YES	NO	Bank	Account No:
7.7	Transferring Attorney			Telephone No. ()	
7.8	Contact Person for evaluation purposes			Cell/Tel ()	

SECTION 8: SECTIONAL TITLE

8.1	Is the Sectional register open?	Yes	No	Section Number
8.2	Unit Number	Complex Name		
8.3	Parking / Garage Bay No.	Managing Agents Name		
8.4	Tel No. of Managing Agents ()	Address		
8.5	Body Corporate Address			
8.6	Participation Quota Details to be Furnished			

SECTION 9: PARTICULARS OF SELLER

9.1	Surname				Title															
9.2	First Name	1.	2.	3.																
9.3	Date of Birth					Identity Number														
9.4	Postal Address																			
		Code																		
9.5	Contact Telephone Number	()	Cell:	Email:																
9.6	Marital Status	Single	Divorced				Widow/er				Other									
		Married - Date					Customary Union													
		COP - before 1/1/84	ANC - without Accrual				Section 22 (6)													
		COP - after 1/11/84	ANC - with Accrual																	
9.7	Spouse's full Names																			
9.8	Spouse's Date of Birth						Identity Number													

SECTION 10: MONTHLY INCOME & EXPENDITURE (AFFORDABILITY)

		Income		Expenses	
		APPLICANT		PAYE	
10.1	Gross Salary	R	c	R	c
10.2	Housing Allowance	R	c	R	c
10.3	Commission	R	c	R	c
10.4	Overtime	R	c	R	c
10.5	Investments	R	c	R	c
10.6	Rental	R	c	R	c
10.7	Fringe Benefits	R	c	R	c
10.8	Other (Specify)	R	c	R	c
		Sub-total Income			
		CO-APPLICANT			
10.9	Gross Salary	R	c	R	c
10.10	Housing Allowance	R	c	R	c
10.11	Commission	R	c	R	c
10.12	Overtime	R	c	R	c
10.13	Investments	R	c	R	c
10.14	Rental	R	c	R	c
10.15	Fringe Benefits	R	c	R	c
10.16	Other (Specify)	R	c	R	c
		Sub Total Income	R	c	R
			R	c	R
10.17	TOTAL (HOUSEHOLD) INCOME	R	c	R	c
10.18	DISPOSABLE INCOME	R	c	R	c

Any comments or motivation in respect of this application

ASSETS

Assets (what you own)

Cash and Bank Accounts

Cash on Hand	-			
Cheque Accounts	-			
Savings Accounts	-			
Money Market Funds	-			
Cash Value of Life Insurance	-			
Other (specify)	-			
Other (specify)	-			
Other (specify)	-			
Other (specify)	-			

Total Cash and Bank Accounts

Investments (market value)

Certificates of Deposit	-			
Stocks	-			
Mutual Funds	-			
Annuities	-			
Pension Plan	-			
Other (specify)	-			
Other (specify)	-			
Other (specify)	-			
Other (specify)	-			

Total Investments

ASSETS

Personal Property (present value)				
Vehicles		-		
Recreational Vehicle/ Boat		-		
Home Furnishings		-		
Appliances and Furniture		-		
Collections		-		
Jewellery		-		
Other (specify)		-		
Other (specify)		-		
Other (specify)		-		
Other (specify)		-		
Total Personal Property				
TOTAL ASSETS				

LIABILITIES

Liabilities (what you owe)				
Current Debts				
Household		-		
Medical		-		
Credit Cards		-		
Store Cards		-		
Legal		-		
Other (specify)		-		
Other (specify)		-		
Other (specify)		-		
Other (specify)		-		
Total Current Debts				

LIABILITIES				
Mortgage				
Home		-		
Land		-		
Other (specify)		-		
Other (specify)		-		
Other (specify)		-		
Other (specify)		-		
Total Mortgage				
Loans				
Personal (from a bank/finance company)		-		
Vehicle		-		
Recreational Vehicle/Boat		-		
Education		-		
Life Insurance		-		
Personal (from family or friends)		-		
Other (specify)		-		
Other (specify)		-		
Other (specify)		-		
Other (specify)		-		
Total Loans				
TOTAL LIABILITIES				
NET WORTH				

SECTION 11: RELATED PARTIES

Are you and/or your spouse related to any of the following?
If Yes tick where applicable and provide details

	What is your/their position?	Type of relationship
<input type="checkbox"/> Member of Parliament	_____	_____
<input type="checkbox"/> Government Official	_____	_____
<input type="checkbox"/> Municipal Councillor	_____	_____
<input type="checkbox"/> Traditional leader	_____	_____
<input type="checkbox"/> Other	_____	_____

SECTION 12: MORTGAGE PROTECTION, LIFE & DISABILITY ASSURANCE

I, the undersigned acknowledge and agree to Ithala SOC Limited effecting Life Assurance and Total Disability Cover over my life in favour of Ithala SOC Limited. The intention is that in the event of my death or total disability, the proceeds of the Assurance shall be utilised towards settlement of the outstanding balance of my loan with Ithala SOC Limited. I also authorise Ithala to effect such at my cost at any time should there be no existing cover until replaced by me.

SECTION 13: INSURANCE

Do you have any current policy to cover the new property? Yes No Value _____

Insurer's Name _____ Telephone No. _____

Policy No. _____

Address _____

Would you need Ithala Group Life Cover? Yes No

If no, please furnish us with a copy of your policy

SECTION 14: MORTGAGE PROTECTION, LIFE & DISABILITY ASSURANCE

In the event of Ithala SOC Limited granting a loan, I agree to abide by the housing rules of Ithala SOC Limited, to sign all documents that Ithala SOC Limited may consider necessary and to pay all costs relating thereto, valuation, administration fees, attorney's fees and disbursements.

If this application is the basis of an arrangement in connection with the granting of a loan (If any) to me, I undertake to have the building erected in accordance with plans and specifications signed by me and the builder and lodged with Ithala SOC Limited.

SECTION 15: LANGUAGE

Language Preference Option for Legal Documentation

Zulu

English

SECTION 16: DECLARATION

I / We declare that to the best of my/our knowledge, the information and particulars set out in this application are true and correct and that no information which might affect the decision of Ithala SOC Limited has been withheld.

SECTION 17: CONSENT

Information furnished by you within the course of the loan granting process or Registering of Bond/s may be disclosed to persons who are not in the employ of Ithala SOC Limited but whose services may be utilised by Ithala SOC Limited in the process of granting the loan/s.

I/We give consent to Ithala SOC Limited to disclose such information to such person/s.

Yes

No

I/We give consent to Ithala SOC Limited to perform the necessary credit checks from applicable credit bureaus.

Yes

No

SECTION 18: STATEMENT OF OPTIONS

Tick which marketing option was selected by the consumer.

I/We decline pre-approved annual credit limit increases.

I/We wish to be excluded from receiving marketing material /products for Ithala SOC LTD.

I/We wish to be excluded from telemarketing campaigns by or on behalf of Ithala SOC LTD.

I/We wish to be excluded from marketing or consumer list sold or distributed by Ithala SOC LTD to its business partners.

I/We wish to be excluded from distribution of any mass SMS or email messages.

Applicant's Signature _____

Date _____

Co-Applicant's Signature _____

Date _____

Originator Stamp _____

Date _____