

A Member of the  OLDMUTUAL Group

(Tick Appropriate Box)

(Tick Appropriate Box)

New Loan	<input type="checkbox"/>
Further Advance	<input type="checkbox"/>
State Loan Account No.....	

Low Density	<input type="checkbox"/>
High Density	<input type="checkbox"/>

Interviewer Name	Originating Branch	Customer Number
Interviewer Comments

1. PERSONAL DETAILS

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS

PRINCIPAL BORROWER

CO-BORROWER

TITLE (MR, MISS, MRS, DR, PROF, ETC)	<input type="text"/>	<input type="text"/>
SURNAME	<input type="text"/>	<input type="text"/>
FIRST NAME / SECOND NAME	<input type="text"/>	<input type="text"/>
D.O.B.	<input type="text" value="d d m m y y y y"/>	<input type="text" value="d d m m y y y y"/>
District of birth	<input type="text"/>	<input type="text"/>
If name has been changed - Date of name change	<input type="text" value="d d m m y y y y"/>	<input type="text" value="d d m m y y y y"/>
Reason for name change:	<input type="text"/>	<input type="text"/>
NATIONAL ID NUMBER (Mandatory)	<input type="text"/>	<input type="text"/>
NATIONAL ID NUMBER EXPIRY DATE	<input type="text" value="d d m m y y y y"/>	<input type="text" value="d d m m y y y y"/>
National ID place of issue	<input type="text"/>	<input type="text"/>
DRIVER'S LICENCE NUMBER	<input type="text"/>	<input type="text"/>
PASSPORT NUMBER	<input type="text"/>	<input type="text"/>
ISSUE DATE	<input type="text" value="d d m m y y y y"/>	<input type="text" value="d d m m y y y y"/>
EXPIRY DATE	<input type="text" value="d d m m y y y y"/>	<input type="text" value="d d m m y y y y"/>
Passport place of issue	<input type="text"/>	<input type="text"/>
Passport issuer country	<input type="text"/>	<input type="text"/>
PREVIOUS PASSPORT NUMBER	<input type="text"/>	<input type="text"/>
GENDER:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
MARITAL STATUS:	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
NATIONALITY	<input type="text"/>	<input type="text"/>
COUNTRY OF RESIDENCE	<input type="text"/>	<input type="text"/>
HIGHEST LEVEL OF EDUCATION	<input type="text"/>	<input type="text"/>
POSTAL ADDRESS	<input type="text"/>	<input type="text"/>
PHYSICAL ADDRESS	<input type="text"/>	<input type="text"/>
PHONE NO. (H)	<input type="text"/>	<input type="text"/>
PHONE NO. (B)	<input type="text"/>	<input type="text"/>
CELLPHONE NO(s)	<input type="text"/>	<input type="text"/>
FAX NUMBER	<input type="text"/>	<input type="text"/>
EMAIL	<input type="text"/>	<input type="text"/>

2. SPOUSE/PARTNER IF NOT CO-BORROWER

Full Name _____

Telephone: Bus: _____ Res: _____ Mobile: _____

Email: _____

Does Spouse/Partner bank with CABS: (Please tick) Yes No

3. DEMOGRAPHIC INFORMATION

PRINCIPAL BORROWER

CO-BORROWER

Number of Dependants:	<input type="text"/>	<input type="text"/>
Residential Home Status:	<input type="text"/>	<input type="text"/>
Owned/Rented /Mortgaged /Other	<input type="text"/>	<input type="text"/>
Residential Location:	Low Density <input type="checkbox"/> High Density <input type="checkbox"/>	Low Density <input type="checkbox"/> High Density <input type="checkbox"/>

4. LOAN DETAILS:

(a) What purpose is the loan required? _____

Amount of loan required \$ _____ Repayable over: _____ Years

5. EMPLOYMENT STATUS AND DETAILS

	PRINCIPAL BORROWER	CO-BORROWER
Permanent/Unemployed/Temporary Pensioner/Other (Specify)	<input type="text"/>	<input type="text"/>
Self Employed/ Sole Proprietor	<input type="text"/>	<input type="text"/>
Business Name (If self-employed)	<input type="text"/>	<input type="text"/>
Occupation/Profession	<input type="text"/>	<input type="text"/>
Establishment Date of company (if self-employed)	<input type="text" value="ddmmYYYY"/>	<input type="text" value="ddmmYYYY"/>
Current Employer	<input type="text"/>	<input type="text"/>
Previous Employer (*if the number of years with current employer is less than 2):	<input type="text"/>	<input type="text"/>
Number of years with previous employer:	<input type="text"/>	<input type="text"/>
Number of years with current employer:	<input type="text"/>	<input type="text"/>

6. EMPLOYMENT STATUS AND DETAILS (SPOUSE IF NOT CO-BORROWER)

PERMANENT UNEMPLOYED TEMPORARY PENSIONER OTHER (Specify) _____

SELF EMPLOYED/ SOLE PROPRIETOR Business Name (If self-employed) _____

Establishment Date of company (if self-employed)

Occupation/Profession _____

Previous Employer (*if the number of years with current employer is less than 2): _____

Number of years with previous employer: _____ Number of years with current employer: _____

7. CREDIT RECORD:

(a) Have you or your spouse ever been declared insolvent or assigned your estate? Yes [] No []

(b) Are there now or have there been in the past Civil Judgement against you or your spouse? Yes [] No []

If yes give details: _____

(c) Have you or your spouse ever had credit facilities with our organisations? Yes [] No []

8. i) Existing Loans Other Financial Institutions (eg term loans, overdrafts, hire purchase etc)

a) Principal borrower

Institution	Type of Loan	Loan Amount	Current Balance	Tenure	Monthly Repayment

b) Co - borrower

Institution	Type of Loan	Loan Amount	Current Balance	Tenure	Monthly Repayment

ii). Existing transactional and savings accounts with other Financial Institutions

a) Principal borrower

Institution	Type of Account	Account Number	Current Balance

b) Co - borrower

Institution	Type of Account	Account Number	Current Balance

9. FINANCIAL INFORMATION (APPLICANT/S)

Gross income USD _____ Net income _____ Other Income: \$ _____

Nature of other income: _____

Spouse's gross income _____ Spouse's net income _____

Currently Monthly Expenses

Expense Item	Monthly Cost (USD)
Rental	
Electricity	
Municipal costs	
Transport/Fuel costs	
School Fees/University fees	
**(input total annual fees divided by 12)	
Medical Expenses (medical aid)	
General expenses (food, telephone, insurance, vehicle service, clothing, etc)	
Other (domestic workers' salaries, security services etc.)	
Retirement Home fees/Nurse aid	
Total	

NB: Information provided above will be assessed for reasonableness and further information maybe requested.
If director /shareholder of own company financial statements for the last two years and up to date Management Accounts are required

10. COLLATERAL / ADDITIONAL SECURITY AND SURETYSHIP:

(a) Should the Society require collateral security, state the type and amount of security that you can provide.
 Type _____ Amount \$ _____
 (Where applicable, written confirmation from proposed guarantors must be submitted.)
 (b) Is a surety available if required by the Society? Yes [] No []
 If yes give details: Name: _____ Relation to Applicant(s) _____
 Address: _____
 Employer: _____ Income \$ _____ per Month
(Written confirmation of proposed surety's willingness and current proof of income to be submitted)

11. DETAILS OF PROPERTY TO BE MORTGAGED

a) Description as per title deeds: _____
 Area of land (in square metres) _____ Physical Address: _____
 Suburb or Township: _____
 Purchase Price \$ _____ Date of Purchase: _____
 Name of registered owner: _____ **(copy of title deed to be submitted)**
 Amount of cash available for balance of purchase price/project \$ _____ Where held _____
 Transferring Legal Practitioners _____
 Amount of transfer fees / bond costs available \$ _____ Where held b) By whom will the property be occupied?
 If tenant: State Amount of gross monthly rental \$ _____
 c) If property currently bonded state: Bondholder _____ Amount owing \$ _____
 d) Are the premises accessible to the Society's Valuator? _____ Yes [] No []
 e) Details of person to be contacted for access to the property: Name _____ Tel. No _____
 f) Please quote stand number, value of and liability on any other immovable property owned by you or your spouse:
 g) i) Name: _____ Stand No. _____ Value: _____ Current Liability: _____
 ii) Name: _____ Stand No. _____ Value: _____ Current Liability: _____
 iii) Name: _____ Stand No. _____ Value: _____ Current Liability: _____

12. Loans for Proposed Improvements:

(a) Cost of proposed improvements \$ _____ Signed tender and working plans must be submitted where applicable.
 (b) Name and Address of:
 (i) Contractor: _____
 (ii) Architect: _____
 (iii) Engineer: _____
 (iv) Quantity Surveyor: _____
 (v) Other Professionals: _____

N.B.: Where Applicable:
 (c) Do you intend to sub-contract? _____ Yes [] No []
 If Yes, give details: Subcontractor: _____ Nature of work: _____
 (d) Date of commencement: _____ Anticipated time to complete: _____

13. Are there any white ants, borers, beetles, dry rot, decay, patent or latent defects etc., in any building on the above properties? Yes [] No []
 If yes, give details _____
 Are there any servitudes or any other matters relating to the property detrimental to Society's interests? _____ Yes [] No []
 If yes, give details _____

14. Should you wish to give any other relevant information please do so on a separate sheet of paper.

15. In the event of the loan being granted:

- (a) I/We acknowledge that I/we will be bound by the rules of the Society and the conditions contained in the Society's standard mortgage bond document and, in the case of building loans, by the Society's Minimum Specifications. (The Society's Rules, Mortgage Bond Document and Minimum Specifications are available for your inspection).
- (b) I/We undertake to pay the costs of the mortgage bond and any other incidental costs required by the Society.
- (c) I/We authorise the Society to effect any insurance of the buildings which shall be required with Old Mutual Insurance Company (Private) Limited at my/our expense. This insurance will include builder's risk on buildings in the process of erection.
- (d) I/We authorise the Society to pay out of the proceeds of the loan outstanding rates or loans due by me/us which represent preferential charges against the property.
- (e) I/We undertake to pay the Society the valuation fees at the scale at present in force. I/we understand that the relevant valuations made are for the information of the Society only.
- (f) I/We undertake to pay the costs of a Surveyor's Certificate, if required by the Society to identify the property.
- (g) I/We acknowledge that the Society shall have the right to withdraw this loan, if in its opinion, the registration of the mortgage bond is unduly delayed, or if any information given by me/us in connection with this application is found to be false.
- (h) I/We acknowledge that the Society shall with or without my/our further consent and at its own opinion, be entitled to advance me/us monies for the payment of any installment or debt which is owed by me/us and any amounts so advanced will be regarded as a capital advance to me/us and will be debited as such to my/our mortgage account.
- (i) CABS will treat information relating to the Customer as confidential, but the Customer consents to the transfer and disclosure by CABS of any information relating to the Customer to and between the representative offices, affiliates and agents of CABS and third parties selected by any of them, whenever situated, for confidential use (including in connection with the provision of any service and for data processing, statistical and risk analysis purposes). CABS and any representative office, affiliate, agent or third party may transfer and disclose any such information as required by any law, court, regulator or legal process.

I/We declare that, to the best of my/our knowledge and belief, the particulars set out in this application are true and that no information which might affect the decision of the Society has been withheld. I/we acknowledge that the Society does not in any way warrant that the cost of the property (including any existing or proposed improvements thereon) is reasonable or that such property is or will be free from defect.

..... Date:

Signature of Applicant 1 Signature of Applicant 2

FOR OFFICE USE ONLY

	Date rec.	Received by		Date	Actioned by
Acceptance			Date of registration		
Builder's Waiver			Date of receipts of advice of registration		
Minimum Specs			Property description checked		
Building Loan Addendum					
Approved Plan					

DISBURSEMENT - ORDINARY LOANS

Date Issued	Guarantees Issued etc Name of Payee	Amount	Initials	Date Paid	Amount	Cheque or JV Number	Initials

DISBURSEMENT - ORDINARY LOANS

Date Paid	Name of Payee	Amount Paid	Available on Retention	Cheque or JV Number	Initials