

Does Spouse/Partner bank with CABS: (Please tick) Yes

APPLICATION FOR A LOAN ON FIXED PROPERTY - INDIVIDUAL

A Member of the OLDMUTUAL Group (Tick Appropriate Box) (Tick Appropriate Box) **New Loan Low Density** Further **High Density Advance** State Loan Account No..... **Customer Number** Interviewer NameOriginating Branch..... Interviewer Comments..... 1. PERSONAL DETAILS PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS PRINCIPAL BORROWER **CO-BORROWER** TITLE (MR, MISS, MRS, DR, PROF, ETC) SURNAME FIRST NAME / SECOND NAME D.O.B. District of birth If name has been changed d d Date of name change Reason for name change: NATIONAL ID NUMBER NATIONAL ID NUMBER **EXPIRY DATE** National ID place of issue DRIVER'S LICENCE NUMBER PASSPORT NUMBER **ISSUE DATE** d **EXPIRY DATE** Passport place of issue Passport issuer country PREVIOUS PASSPORT NUMBER GENDER: Female Female Male Male MARITAL STATUS: Single Divorced Widowed Single Divorced Widowed Married Married NATIONALITY COUNTRY OF RESIDENCE HIGHEST LEVEL OF EDUCATION **POSTAL ADDRESS** PHYSICAL ADDRESS PHONE NO. (H) PHONE NO. (B) CELLPHONE NO(s) FAX NUMBER **EMAIL** 2. SPOUSE/PARTNER IF NOT CO-BORROWER Full Name Telephone: Bus: _ Res:

CABS 454/17

	PR	INCIPAL BORR	OWER				CO-BOR	ROWER	
Number of Dependants:									
Residential Home Status: Owned/Rented /Mortgaged /Other									
Residential Location:	Low Density	High Dens	sity]		Low Density	High	n Density	
4. LOAN DETAILS:									
(a) What purpose is the loan required?									
Amount of loan required \$							Repayable	over:	Years
5. EMPLOYMENT STATUS AND DET	AILS	PDING	DA1 DO	DD OWED			60 POP	DOWER	
Permanent/Unemployed/Temporary Pensioner/Other (Specify)		PRINCI	PAL BO	RROWER			CO-BOR	KOWEK	
Self Employed/ Sole Proprietor									
Business Name (If self-employed)									
Occupation/Profession									
Establishment Date of company (if self-	·employed)	d d n	n m	уууу	У		d d	m m	уууу
Current Employer									
Previous Employer (*if the number of years with current employer is le	ess than 2):								
Number of years with previous employ	er:								
Number of years with current employe	r:								
6. EMPLOYMENT STATUS AND DE	TAILS (SPOUSE IF NO	T CO-BORRO	OWER)						
PERMANENT UNEMPLOYED	TEMPORARY	PENSIONE			ecify)				
SELF EMPLOYED/ SOLE PROPRIETOR	Business Name (If	self-employe	d)						
Establishment Date of company (if self	f-employed) d d	m m y	у	У					
Occupation/Profession									
Previous Employer (*if the number of years v	with current employer is less	than 2):							
Number of years with previous employ	'er:		Numbe	er of years	with cu	rrent employer:			
7. CREDIT RECORD:									
(a) Have you or your spouse ever beer(b) Are there now or have there been					-e2			Yes [Yes [] No []] No []
If yes give details:			700 01	,001 30003				103 [] 110[]
(c) Have you or your spouse ever had			is.					— Yes [] No[]
8. i) Existing Loans Other Financia	Institutions (eg terr	n loans, ove	rdrafts	s, hire pur	chase	etc)			
a) Principal borrower		1						ı	
Institution	Type of Loan	Loan Amo	ount		Curre	ent Balance	Tenure	Mon Rep	nthly ayment
h) Co. horrower									
b) Co - borrower		Loan Ame	ount		C:	and Delevers	Tanas	Mor	nthly
Institution	Type of Loan	LOGIT ATTI	JUI II		Curre	ent Balance	Tenure	Rep	ayment
ii). Existing transactional and savi a) Principal borrower	ngs accounts with a	other Financ	ial Inst	titutions			1	1	
Institution	Type of Ac	ccount		Acco	unt Nu	ımber		Current Bo	alance

3. DEMOGRAPHIC INFORMATION

b) Co - borrower				,
Institution	Type of Accou	nt	Account Number	Current Balance
	//			
9. FINANCIAL INFORMATION (Gross income USD	APPLICANT/S)	Net income	Other Inco	ome: \$
Nature of other income:				
Spouse's gross income		Spo	ouse'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	l by 12)			
Medical Expenses (medical aid)				
General expenses (food, telephon	e, insurance, vehicle service, clothing, etc)		
Other (domestic workers' salaries	, security services etc.)			
Retirement Home fees/Nurse aid				
Total				
·	ll be assessed for reasonableness and furt	•	•	
If director /shareholder of ow	n company financial statements for	the last two years	and up to date Manageme	nt Accounts are required
•	AL SECURITY AND SURETYSHIP:			
	collateral security, state the type a			
Type			Amount \$	
(Where applicable, writte	n confirmation from proposed guar	antors must be sub	mitted.)	
(b) Is a surety available if requ	ired by the Society?		Yes []	No []
If yes give details: Name: _			Relation to Applicant(s)_	
Address:				
				per Month
(Written confirmation of propo	sed surety's willingness and current	proof of income to	be submitted)	
11. DETAILS OF PROPERTY	TO BE MORTGAGED			
a) Description as per title deed	ds:			
Area of land (in square me	etres)Physical Ac	ldress:		
Suburb or Township:				
Purchase Price \$ ———			- Date of Purchase:	
_	:			
Transferring Legal Practition	oners			
Amount of transfer fees / I	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 bonde	ed state: Bondholder		Amo	ount owing \$
d Are the premises accessib	le to the Society's Valuator?			Yes [] No []
e) Details of person to be co	ntacted for access to the property:	Name		Tel. No
f) Please quote stand number	er, value of and liability on any othe	er immovable prop	erty owned by you or your s	pouse:
g) i) Name:	Stand No	Value: -	Curr	ent Liability:
ii) Name:	Stand No	Value: -	Cur	rent Liability:

_ Value: -

— Current Liability: –

12. I	oans for Proposed Improver	nents:			
(a)	Cost of proposed improver	ments \$ -	Signed tender and working plans must be submitted	d where app	olicable.
(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-contr	act?		Yes []	No []
	If Yes, give details: Subcon	ractor:_	Nature of work:		
(d)	Date of commencement:-		Anticipated time to complete:		
	Are there any white ants, borers	beetles	, dry rot, decay, patent or latent defects etc., in any building on the above properties?	Yes []	No [
		matters	relating to the property detrimental to Society's interests?	Yes []	No [
	,		Telaining to the property definition to society still decision	103[]	110 [
_					
14.	Should you wish to give any oth	er relevo	ant information please do so on a separate sheet of paper.		
15. (a)		ill be bou building I	and by the rules of the Society and the conditions contained in the Society's standard mo loans, by the Society's Minimum Specifications. (The Society's Rules, Mortgage Bond Doct ection).		
(b)	I/We undertake to pay the cost	of the m	ortgage bond and any other incidental costs required by the Society.		
(c)			r insurance of the buildings which shall be required with RM Insurance (Private) Limited at all lalings in the process of erection.	my/our expe	ense. This
(d)	I/We authorise the Society to po the property.	ay out of	the proceeds of the loan outstanding rates or loans due by me/us which represent preferen	nt charges	agains
(e)	I/We undertake to pay the Socinformation of the Society only.	ciety the	valuation fees at the scale at present in force. I/we understand that the relevant valuation	ons made a	e for the
(f)	I/We undertake to pay the cost	s of a Sur	veyor's Certificate, if required by the Society to identify the property.		
(g)	I/We acknowledge that the So if any information given by me/u	ciety sha us in coni	Il have the right to withdraw this loan, if in its opinion, the registration of the mortgage bond nection with this application is found to be false.	is unduly de	layed, oi
(h)		ebt which	all with or without my/our further consent and at its own opinion, be entitled to advance rest is owed by me/us and any amounts so advanced will be regarded as a capital advance count.		
(1)	relating to the Customer to and situated, for confidential use (ir	betwee cluding	e Customer as confidential, but the Customer consents to the transfer and disclosure by CA in the representative offices, affiliates and agents of CABS and third parties selected by an in connection with the provision of any service and for data processing, statistical and ris liate, agent or third party may transfer and disclose any such information as required by any	ly of them, w sk analysis p	rhenever urposes)
deci	sion of the Society has been withh	eld. I/we	edge and belief, the particulars set out in this application are true and that no information we acknowledge that the Society does not in any way warrant that the cost of the property (in able or that such property is or will be free from defect.		
	uture of Applicant 1		Date:		

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