

# FRACTIONAL OWNERSHIP - FINANCING APPLICATION

## SECTION A - PERSONAL DETAILS OF APPLICANT/PARTNER

SURNAME										INITIALS									
FULL NAMES																			
TITLE										GENDER									
Mr Mrs Miss/ Ms Prof Dr Rev Other (specify)										MALE FEMALE									
DATE OF BIRTH										ID TYPE									
D D M M C C Y Y										ID BOOK PASSPORT OTHER (specify)									
ID NR:										NATIONALITY									
										SA OTHER (specify)									
ARE YOU A PERMANENT RESIDENT?										IF A NON-SA CITIZEN - PASSPORT NR:									
YES NO																			
COUNTRY PASSPORT WAS ISSUED:										COUNTRY OF PERM. RESIDENCE:									
DATE PASSPORT WAS ISSUED:										PASSPORT EXPIRY DATE:									
D D M M C C Y Y										D D M M C C Y Y									
PERMANENT RESIDENCE NO:																			
PRESENT RESIDENTIAL ADDRESS										(If different) PRESENT POSTAL ADDRESS									
PROVINCE POSTAL CODE										PROVINCE POSTAL CODE									
PRESENT RESIDENTIAL ADDRESS SINCE										RESIDENTIAL STATUS:									
D D M M C C Y Y										OWNER TENANT BOARDER LIVING WITH PARENTS									
TELEPHONE (H) CODE NUMBER:										E-MAIL:									
FAX NUMBER CODE NUMBER:										CELLPHONE NUMBER:									
HOME LANGUAGE(S):										ETHNIC GROUP:									
MARITAL STATUS:										DEPENDENTS (excl. spouse):									

## SECTION B - EMPLOYMENT DETAILS

OCCUPATIONAL STATUS	FULL-TIME EMPLOYED			SELF-EMPLOYED (Professional)			SELF-EMPLOYED (Non-Professional)			HOME EXECUTIVE			PART-TIME EMPLOYED										
	STUDENT			PENSIONER/ RETIRED			TEMPORARY EMPLOYED			UNEMPLOYED													
OCCUPATIONAL LEVEL	SENIOR MANAGEMENT			MANAGEMENT			SUPERVISOR			SKILLED WORKER			SEMI-SKILLED WORKER			UNSKILLED WORKER			JUNIOR POSITION				
EMPLOYMENT SECTOR											HIGHEST QUALIFICATION:												
SOURCE OF INCOME	INVESTMENTS			SALARY			MATURED POLICY			DONATIONS			RETIREMENT ANNUITY			PENSION PAYOUT			INHERITANCE				
	OTHER (specify):																						
NAME OF PRESENT EMPLOYER/ OWN BUSINESS (Trading as)																							
ADDRESS OF PRESENT EMPLOYER											COMPANY TEL NO:	CODE	NUMBER										
											COMPANY FAX NO:	CODE	NUMBER										
	PROVINCE POSTAL CODE										CONTACT PERSON:												
EMPLOYEE NUMBER:																							
FREQUENCY OF INCOME:	MONTHLY			WEEKLY			OTHER (specify):																

## SECTION C - GENERAL INCOME & BANKING DETAILS

MONTHLY INCOME	
MONTHLY SALARY	
HOUSING SUBSIDY	
COMMISSION	
OVERTIME	
OTHER INCOME	
MAINTENANCE/ ALIMONY	
DIVIDEND/ INVESTMENT	
RENTAL INCOME	
FRINGE BENEFITS	
CAR ALLOWANCE	
OTHER (specify)	
SALARY DEDUCTIONS	
PENSION	
MEDICAL AID	
PAYE CONTRIBUTION/ TAX/ SITE	
UIF	
TOTAL NETT INCOME	

PLEASE SUPPLY US WITH THE BANKING DETAILS OF ACCOUNT THAT WILL BE DEBITED:

ACCOUNT TYPE	INSTITUTION	BRANCH	ACCOUNT NUMBER	ACC. HOLDER

DAY OF MONTH INSTALLMENT TO BE PAID

D	D	M	M	C	C	Y	Y
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May the credit provider or originator conduct a credit bureau

YES	NO
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Do you give creditors permission to provide information relating to your credit score or creditworthiness to third parties who may legally request the information?

YES	NO
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Have you ever been in a dispute with the credit bureau?

YES	NO
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Have you ever had a judgement against your name?

YES	NO
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Do you have a rearrangement in place?

YES	NO
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Any outstanding credit applications?

YES	NO
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Are you under debt rearrangement/ administration review?

YES	NO
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Name of Debt Counsellor

Contact No of Counsellor	CODE	NUMBER
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Do you declare that to the best of your knowledge & belief - the information provided in respect of this application is true accurate & complete?

YES	NO
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Signature Applicant \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_