



# APPLICATION FOR FINANCIAL ASSISTANCE

**NCR CP 2607**

## 1. LOAN REQUIREMENTS

### 1.1 TICK RELEVANT TYPE AND COMPLETE AMOUNT REQUESTED

- HOUSE PURCHASE R \_\_\_\_\_       BUILDING LOAN R \_\_\_\_\_  
 STAND LOAN R \_\_\_\_\_       IMPROVEMENT LOAN R \_\_\_\_\_  
 OTHER R \_\_\_\_\_

### 1.2 REASON FOR WHICH FINANCE IS REQUIRED?

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### DETAILS OF PRORPERTY TO BE FINANCED *(FOR OFFICE USE ONLY – DO NOT COMPLETE)*

ERF NO.:	PORTION:	TOWNSHIP:
STR. NAME:	STR. NUMBER:	CITY/TOWN:
AREA OF BUILDING:	AREA OF LAND:	AGE OF BULDING:
COMPLEX NAME:	UNIT NUMBER:	FLAT NUMBER:

### DETAILS OF LOAN *(FOR OFFICE USE ONLY – DO NOT COMPLETE)*

LOAN AMOUNT:	BOND AMOUNT:
INTEREST RATE:	
TERM	
TRANSFER ATTORNEY:	CONTACT DETAILS:
BOND ATTORNEY:	CONTACT DETAILS
CONTRACTOR NAME:	NHBRC REG. NUMBER:

**2. APPLICANT PARTICULARS**

**TITLE** \_\_\_\_\_

**SURNAME** \_\_\_\_\_

**FULL NAMES** : \_\_\_\_\_

**IDENTITY NUMBER** : \_\_\_\_\_

**MARITAL STATUS** : \_\_\_\_\_

**PHYSICAL ADDRESS** : \_\_\_\_\_

\_\_\_\_\_

**POSTAL ADDRESS** : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

**TELEPHONE** : (H) \_\_\_\_\_ (W) \_\_\_\_\_

**FAX** : No \_\_\_\_\_

**CELL NUMBERS** : \_\_\_\_\_

**E-MAIL ADDRESS** : \_\_\_\_\_

**SPOUSE DETAILS**

**TITLE** : \_\_\_\_\_

**MAIDEN SURNAME** : \_\_\_\_\_

**SURNAME** : \_\_\_\_\_

**FULL NAMES** : \_\_\_\_\_

**IDENTITY NUMBER** : \_\_\_\_\_

**PHYSICAL ADDRESS** : \_\_\_\_\_

\_\_\_\_\_

**POSTAL ADDRESS** : \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

**TELEPHONE** : (H) \_\_\_\_\_ (W) \_\_\_\_\_

**CELL NUMBERS** : \_\_\_\_\_

E-MAIL ADDRESS : \_\_\_\_\_

HAVE YOU OR YOUR SPOUSE BEEN DECLARED INSOLVENT IN THE LAST 10 YEARS? YES\_\_\_\_ NO\_\_\_\_

IF YES PROVIDE DETAILS:

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**BANKING DETAILS**

BANK NAME : \_\_\_\_\_

BRANCH : \_\_\_\_\_

BRANCH CODE : \_\_\_\_\_

ACCOUNT NUMBER : \_\_\_\_\_

ACCOUNT TYPE : \_\_\_\_\_

**5. PARTICULARS OF NEXT OF KIN**

(PROVIDE INFORMATION OF A FRIEND OR RELATIVE NOT LIVING WITH YOU)

SURNAME : \_\_\_\_\_

FULL NAMES : \_\_\_\_\_

I.D NUMBERS: : \_\_\_\_\_

RESIDENTIAL ADDRESS : \_\_\_\_\_

: \_\_\_\_\_

E MAIL ADDRESS : \_\_\_\_\_

TELEPHONES : (W) \_\_\_\_\_

(CELL) \_\_\_\_\_

**6. DETAILS OF EMPLOYMENT**

	<b>APPLICANT</b>	<b>SPOUSE</b>
<b>OCCUPATION</b>		
<b>SALARY NUMBER</b>		
<b>EMPLOYER'S NAME</b>		
<b>EMPLOYER'S ADDRESS</b>		
<b>EMPLOYER'S TELEPHONE</b>		

PERIOD OF EMPLOYMENT	(YEARS)	(MONTHS)	(YEARS)	(MONTHS)
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IF SERVICE IS LESS THAN 2 YEARS PROVIDE DETAILS OF PREVIOUS EMPLOYMENT & FOR HOW LONG

	<b>APPLICANT</b>	<b>SPOUSE</b>
<b>OCCUPATION</b>		
<b>SALARY NUMBER</b>		
<b>EMPLOYER'S NAME</b>		
<b>EMPLOYER'S TEL NUMBER</b>		
<b>CONTACT PERSON</b>		
<b>PERIOD OF EMPLOYMENT</b>		

**ARE YOU DIRECTLY RELATED TO ANY MEGA STAFF MEMBER?**     YES     NO

IF YES, PROVIDE MORE DETAILS:

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**7. DECLARATION**

I, (full names) \_\_\_\_\_  
declare that the information on this application form is true and correct. I hereby authorized MEGA to conduct any credit and financial investigation that may be necessary to assess this application.

SIGNATURE(Applicant) \_\_\_\_\_

SIGNATURE(Spouse) : \_\_\_\_\_

DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Dated on this day \_\_\_\_\_ the \_\_\_\_\_ day Of \_\_\_\_\_ 20 \_\_\_\_\_

Advisor \_\_\_\_\_ Signature \_\_\_\_\_

