

APPLICATION FOR FINANCIAL ASSISTANCE

NCR CP 2607

1. LOAN REQUIREMENTS

1.1 TICK RELEVANT TYPE AND COMPLETE AMOUNT REQUESTED

- | | | | |
|-----------------------------------------|---------|-------------------------------------------|---------|
| <input type="checkbox"/> HOUSE PURCHASE | R _____ | <input type="checkbox"/> BUILDING LOAN | R _____ |
| <input type="checkbox"/> STAND LOAN | R _____ | <input type="checkbox"/> IMPROVEMENT LOAN | R _____ |
| <input type="checkbox"/> SOLAR SYSTEM | R _____ | <input type="checkbox"/> OTHER | R _____ |

1.2 REASON FOR WHICH FINANCE IS REQUIRED?

DETAILS OF PROPERTY 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 BUILDING:
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) _____

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:

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

	APPLICANT	SPOUSE
OCCUPATION		
SALARY NUMBER		
EMPLOYER'S NAME		
EMPLOYER'S ADDRESS		
EMPLOYER'S TELEPHONE		

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

	APPLICANT	SPOUSE
OCCUPATION		
SALARY NUMBER		
EMPLOYER'S NAME		
EMPLOYER'S TEL NUMBER		
CONTACT PERSON		
PERIOD OF EMPLOYMENT		

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

IF YES, PROVIDE MORE DETAILS:

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.

PROTECTION OF PERSONAL INFORMATION ACT, 4 OF 2013

By signing this application form, I/We hereby grant my/our voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act , 4 of 2013. I/We furthermore agree that my/our personal information may be used for lawful and reasonable purposes in as far as the MEGA (Responsible party) must use my/our information in the performance of its obligations and public legal duty. I/We understand that my/our personal information may be disclosed to a third party in as far as MEGA must fulfil its obligations. I/We furthermore understand that there are instances in terms of the abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.

SIGNATURE(Applicant) _____

SIGNATURE(Spouse) : _____

DATE: _____

FOR OFFICE USE ONLY

Dated on this day _____ the _____ day Of _____ 20 _____

Advisor _____ Signature _____