

LOAN APPLICATION FORM

	Required Loan Amount:	R	Loan Duration:
PLEASE COMPLETE THIS DOCUMENT IN PRINT			
Surname:		ID No:	
Full			Names:
Date of Birth:			
Physical address:	Title:	(Mr/Mrs/Miss, Postal address:	etc
Address Type: Postal	Residential	Owner / Tenant	
Home Tel: () Cell No:	Email:	Work Tel: ()	
Fax No:	CIIIdII.		
	ngle Separated Divorced	Living Together Widow	ved
2. EMPLOYMENT DET	AILS		
Employer:	Sala	ry:	
Occupation:		Fax No:	
Date	Employed:	Employer's Address:	
Position:			
3. OTHER DETAILS			
Type of Loan:	Reason for Loan:		
Are you in debt? Yes / No	If Yes, Amount: R	Blac	klisted? Yes / No
If blacklisted, give full details:			
4. DECLARATION BY B	ORROWER		
· 		declare	that all the information in this
Application form is true.			
SIGNED ON THIS	DAY OF	20	
APPLICANT SIGNATERY:			

Physical Address Randfontein office park, Corner of Main Road and Ward Avenue, Randfontein, South Africa DIRECT LINE: +27(0)622808831 FAX: +2786 560 0616 MAILS:direct.cashloans@consultant.com