

LOAN APPLICATION FORM

Required Loan Amount: R Loan Duration:

PLEASE COMPLETE THIS DOCUMENT IN PRINT

Surname: Full	ID No: Names:
	Names:
Date of Birth:	
Title:	(Mr/Mrs/Miss, etc
Physical address: Po	ostal address:
	· · · · · · · · · · · · · · · · · · ·
Address Type: Postal Residential	Owner / Tenant
Home Tel: ()	Work Tel: ()
Cell No: Email:	
Fax No:	
Marital Status: Married Single Separated Divorced	Living Together Widowed
2. EMPLOYMENT DETAILS	
Employer: Salar	E NI
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	Blacklisted? Yes / No
Are you in debt: 165/100 in 165, Amount. N	blacklisted: Yes/No
If blacklisted, give full details:	
4. DECLARATION BY BORROWER	
	declare that all the information in this
Application form is true.	
SIGNED ON THIS DAY OF	20
APPLICANT SIGNATERY:	