



LoanConnector

SOUTH AFRICA

LOAN APPLICATION FORM

Required Loan Amount: R	Loan Duration:
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PLEASE COMPLETE THIS DOCUMENT IN PRINT

Surname: _____ ID No:

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Full _____ Names: _____

Date of Birth: _____

Title: (Mr/Mrs/Miss, etc.) _____

Physical address: _____ Postal address: _____

Address Type:

Postal	Residential
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Owner / Tenant

Home Tel: () _____ Work Tel: () _____

Cell No: _____ Email: _____

Fax No: _____

Marital Status:

Married	Single	Separated	Divorced	Living Together	Widowed
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2. EMPLOYMENT DETAILS

Employer: _____ Salary: _____

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

If blacklisted, give full details: _____

4. DECLARATION BY BORROWER

I _____ declare that all the information in this

Application form is true.

SIGNED ON THIS _____ DAY OF _____ 20_____

APPLICANT SIGNATERY: _____

Physical Address: No. 148 Oxford Road Guateng Johannesburg, South Africa DIRECT LINE: +27(0)622808831 FAX: 0864439608 MAIL: info.loanconnect@fastservice.com