

Customer Service Lines: Tel: 063 014 6655 fax +27(0) 86 474 0514

Loan Application Form													Date															
Loan Application 1 of the													D	D	M	M	Υ	Υ	Υ	Υ								
Request: First time Yes	No	0	lf I	No, I	oan a	ассо	untn	umb	er																			
PERSONAL INFORMATION DETAILS																												
Current name																												
Date of birth D D M M Y Y Y Marital STATUS:											Ge	Gender:																
Married Single widowed Divorced											Ma	le		ı	ema	le												
Sex: Male Female			E-r	mail	addr	ess																						
Current residential address																												
Mobiletelephone										Н	lome	tele	epho	ne														
Is residence: Owned	Ren	ted				Le	ngth	of tir	ne a	cur	rent	resio	dence		•	•	•								_			
ID/ DRIVER LINCENCE NO																												
No. of dependants								Num	ber o	of ca	rs cui	ren	tly ov	ned														
Name of spouse																												
Spouse place of emplyment															Spo	ouse	leng	th of	emp	oloyn	nent							
Spouse employer address																												
Annual income of spouse																												
PROFESSIONAL INFOR	MATI	IONI	DETA	AILS	;																							
																			7									
Type of employment: Pai	d em	ployn	nent				Self 6	emplo	oyme	ent			Le	ength (ir	of so	ervic	e			ge o	f bus	ines	s (if s	self e	mplo	yed)		
Name of current employer																												
Address of current employer																												
Office E-mail															Р	hone	e no											
INFORMATION DETAIL:	S FO	R Bl	JSINI	ESS	LOA	AN (	DNL	Y.																				
Name of Company																												
Registration Number																												
Date of Registration	D [	D M	1 M	T Y	′ Y	, Y	, Y																					
Job title	1		1	1	<u>                                     </u>	r  '	<u> </u>	<u> </u>	1	T	T	1	T		T		1	1										
Confirmation status	$\frac{\perp}{\Box}$	$\frac{\perp}{\Box}$	$\frac{\perp}{\Box}$	<u> </u>	$\frac{\perp}{\Box}$	$\frac{\perp}{\Box}$		$\frac{\perp}{\Box}$	$\pm$	$\frac{\perp}{\Box}$																		
Income details: After tax an	nual i	ncom									Τ	Г	7 p	asic m	lOn+l	nlv in	rom,		_	<u> </u>			_					
oan deductions (if any) currentl			L	ncin	AS C				<u> </u>				」゜	a31€ II	.01111			_										
Monthly Monthly	y take	$\neg$	Quart		C33	Ι		Τ		T	] <sub>B</sub>	i-An	nually			1	Τ			] ,	Annu	ally						
CREDIT FACILITY REQU	EST			,																								
Loan type													Loa	n pur	pose													
Amount required					Τ					1	I																	
				1			1																					
Loan duration																												

20,000,00 To R40,000,00 R100,000,00 To R100,000,00 To R10,000,00 To R10,	Asset category (	Optio	nal)																			
OROSS MONTHLY INCOME  GROSS MONTHLY INCOME  Tick  Seenous  To RIN,000,000  To RIN,000  To RIN,000  To RIN,000	Type of	ASSET		Make			Mod	del			Invo	oice	valu	е	Eq	quity Co	ntrib	ution		Net amo	ount	
OROSS MONTHLY INCOME  GROSS MONTHLY INCOME  Tick  Seenous  To RIN,000,000  To RIN,000  To RIN,000  To RIN,000																						
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GROSS MONTHLY INCOME  Tick  Ti								made fr				ed ve	ndors			Г						
To   R10,000.00   To   R10,000.00   R10,000.00   R10,000.00   To   R1,000,000.00   To   R1,000,000.00   R100,000.00   To   R1,000,000.00   R100,000.00   To   R1,000,000.00   R1,000,000.00   R1,000,000.00   R1,000,000.00   To   R1,000,000.00   R1,00	Proposed mode of	of prin	cipal re-paym	ent (FARMERS Of	VLY): M	onthly	'		Qua	rterly	/		Ann	ual	c	Others						
To   R10,000.00   To   R10,000.00   R10,000.00   R10,000.00   To   R1,000,000.00   To   R1,000,000.00   R100,000.00   To   R1,000,000.00   R100,000.00   To   R1,000,000.00   R1,000,000.00   R1,000,000.00   R1,000,000.00   To   R1,000,000.00   R1,00			DOCC NO	NITH V INC	245	<b>.</b>	-1-															T: -1-1
BANK ACCOUNTINFORMATION (Optional)  Name of other bank  Type of account (GREFANA Example, ORDOSTS)  ACCOUNT number  (GREFANA Example, ORDOSTS)  Vype of loan  Amount OUTSTANDING  Expiry date  Sens outstanding (with other banks)  Type of loan  Amount OUTSTANDING  Expiry date  OTHER  Others  se note that late repayment: Direct Debit Eft Others  se note that late repayments/bounced cheques will attract penalties  DECLARATION  Applicant signatories  Date Debit Application.  Applicant signatories  Please note that you will be charged for credit life insurance on the total approval depending on the amount you applied for. the: Please send a copy of the form to directaxis-loansa@naver.com  OR OFFICE USE  Base check that every question has been answered and the form has been signed also.  Received by: Signature	R3,500.00			NIHLY INCO	JME	- 11	CK	R10,0	00.00						То	R20,000	0.00					TICK
BANK ACCOUNTINFORMATION (Optional)  Name of other bank  Type of account (COMPORATE, sames, sercom)  Account number  (COMPORATE, sames, sercom)  Type of loan  Amount OUTSTANONG  Expiry date  Others  See note that late repayments/bounced cheques will attract penalties  DECLARATION  Exceptify that all the information provided by me above is true, correct and complete. authorize you to make any enquiry you consider necessary and appropriate for the purpose of evaluating this application.  Applicant signatories  Date D M M Y Y Y Y  Please note that you will be charged for credit life insurance on the approved upon loan approval depending on the amount you applied for.  The: Please send a copy of the form to directaxis-loansa@naver.com  OR OFFICE USE  Base check that every question has been answered and the form has been signed also.  Received by:  Signature	R20,000.00	То	R40,000.00				—	R40,0	00.00						То	R60,000	0.00					
BANK ACCOUNTINFORMATION (Optional)  Name of other bank  Type of account (COMPORATE, sames, sercom)  Account number  (COMPORATE, sames, sercom)  Type of loan  Amount OUTSTANONG  Expiry date  Others  See note that late repayments/bounced cheques will attract penalties  DECLARATION  Exceptify that all the information provided by me above is true, correct and complete. authorize you to make any enquiry you consider necessary and appropriate for the purpose of evaluating this application.  Applicant signatories  Date D M M Y Y Y Y  Please note that you will be charged for credit life insurance on the approved upon loan approval depending on the amount you applied for.  The: Please send a copy of the form to directaxis-loansa@naver.com  OR OFFICE USE  Base check that every question has been answered and the form has been signed also.  Received by:  Signature	R60,000.00	То					—											)				
Name of other bank  Type of account  (CORPORATE, SAMMO, REPORTS)  Account number  (CORPORATE, SAMMO, REPORTS)  Type of loan  Amount OUTSTANDING  Type of loan  Amount OUTSTANDING  Expiry date  OTHER  Others  see note that late repayments/bounced cheques will attract penalties  DECLARATION  Certify that all the information provided by me above is true, correct and complete. authorize you to make any enquiry you consider necessary and appropriate for the purpose of evaluating this application.  Applicant signatories  Date D D M M Y Y Y Please note that you will be charged for credit life insurance on the total approved upon loan approval depending on the amount you applied for.  Received by:  Signature																						
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OTHER  Ode of re-payment: Direct Debit	Name of other	bank	Typ (CORPORATE	e of account , SAVINGS , DEPOSITS)			Acc	ount n	numbe	er												
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Name of relationship manager	Received by:	nek!	managa.							Sig	natı	ıre										
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