IMPACT CASH LOAN

39 St Georges Street;
Cape Town 8001
LEGAL STATUS: Limited Company
Telephone: +27 (0) 21 569 2357
Fax: + 27 86 439 6006
Email: loan@impactcashloan.co.za
Website: www.impactcashloan.co.za

REG NO. 2018/264543/07
NCRCP 10811

LOAN APPLICATION FORM

Client Details

SURNAME
FULL NAMES
MOBILENUMBER
GENDER - *MALE* *FEMALE*
ID NUMBER
HOME TELEPHONE
EMAIL
HOUSEADDRESS
POSTAL ADDRESS
SUBURB
SUBURB
CITY/TOWN
CITY/TOWN
PAYSLIP
PROVINCE
MONTHLY INCOME
POSTAL CODE
LOAN DURATION
LOAN AMOUNT
SALARY DATE

ARE YOU CURRENTLY UNDER DEPT REVIEW? YES NO

PURPOSE OF LOAN HOUSING HOUSING BASIC SERVICES & AMENITIES

DEPT CONSOLIDATION BUSINESS

ANY OTHER PURPOSES

CompanyDetails

COMPANY Name

SOURCE OF INCOME OWNER PARMANENT WORKER PART OWNER PVATERA/

RANK JUNIOR OFFICER MIDDLE MANAGEMENT MANAGER PRESIDENT/VICE

OFFICE CONTACT NUMBER FAX NUMBER

OFFICE ADDRESS

SUBURB CITY/TOWN

PROVINCE POSTAL CODE

BANKING DETAILS

ACCOUNT NAME

BANK NAME

ACCOUNT NUMBER

Declaration&Signature

I the undersigned declare that all the above information is true and correct .I also declare that it is a true reflection of my current financial position.

I fully understand and agree that New Leaf Cash Loan reserves the right to assess my application(s) and should criteria not be and or I am in contradiction of the terms and conditions.

CHECK LIST FOR PERSONAL LOAN:

1. **RSA BAR CODED IDENTITY DOCUMENT OR PASSPORT**
2. **PAYS LIP \ DOCUMENTS**
3. **THREE MONTHS BANK STATEMENTS WITH BANK STAMP.**

CHECK LIST FOR BUSINESS LOAN:

1. **RSABAR CODED IDENTITY DOCUMENT OR PASSPORT**
2. **COMPANY'S CC \ DOCUMENTS**
3. **THREE MONTHS BANK S TATEMENTS WITH BANK STAMP**

CLIENT SIGNATURE _____

DATE _____

THIS APPLICATION MAY TAKE UP TO 48 HOURS *FROM* THE DATE ALL ORIGINAL DOCUMENTS WERE RECEIVED BY US. PLEASE ENSURE THAT *ALL SUPPORTING DOCUMENTS* ARE SUBMITTED WITH YOUR LOAN APPLICATION.