

APPLICATION FORM



	APPLICANT	CO-APPLICANT/SPOUSE
NAME & SURNAME:		
ID:		
ETHNIC GROUP:		
MARRIED? COP/ANC/NOT		
FIRST TIME H/BUYER Y/ N		
OWNER/TENANT??		
TEL H:		
TEL W:		
CELL:		
EMAIL:		
RESIDENTIAL ADDRESS:		
EMPLOYED/UNEMPLOYED?		
EMPLOYER NAME:		
OCCUPATION?		
SKILL LEVEL		
HIGHEST QUALIFICATION		
Employed since ?		
EMPLOYER WEB PAGE:		
EMPLOYER ADDRESS:		
PREVIOUS EMPLOYMENT:		
ASSETS & Liabilities :		
Property :		
Vehicles		
Life Policies :		
Investments :		
INCOME AND EXPENDITURE		
Basic wage/salary		
Average Commissions		
Average Overtime		
EXPENSES		
Assurance (Life, Retirement)		
Cellphone		
Credit Card Payments		
Domestic Wages		
Education		
Entertainment		
Groceries		
Insurance & funeral policies		
Investments		
Medical Aid		
Personal Loans		
Petrol & Car Maintenance		
Provident fund		
Rates & Taxes		
Rental / mortgage payments		
Retail Accounts/Clothing		
Security & tracker		
Vehicle Instalment		
Water & Lights		
Signed by client true and correct:		
Date:		