

Housing Loan Application



Where there are options tick for the correct information

Date Received	Type of Loan Required	Purchase <input type="checkbox"/>	Building <input type="checkbox"/>	Bond Switch <input type="checkbox"/>
		Other <input type="checkbox"/>		
		Re-Advance <input type="checkbox"/>		
		Additional Loan <input type="checkbox"/>		
		Existing Account Number	<input type="text"/>	<input type="text"/>
Interview Officer or Source of Business	Branch <input type="text"/>			

ALL QUESTIONS MUST BE ANSWERED IN DETAIL AND PRINTED. THE INFORMATION SUPPLIED WILL BE TREATED AS CONFIDENTIAL ANSWER THE QUESTIONS OR TICK THE APPLICABLE BOX.

1. PARTICULARS OF APPLICANT

1.1	Surname											Title	MR	MRS	MS	DR	PROF	
1.2	First Names	1					2					3						
1.3	Nationality																	
1.4	Identity Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ID Type				
1.5	Telephone Numbers	Business ()					Fax ()					Email:						
		Home ()					Cell:					Email:						
1.6	Marital Status	Single		<input type="checkbox"/>	Divorced		<input type="checkbox"/>	Widow/er		<input type="checkbox"/>	Other		<input type="checkbox"/>					
		Married - Date		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	- Complete Section 2		<input type="checkbox"/>			<input type="checkbox"/>					
		COP - before 1/11/84		<input type="checkbox"/>	ANC - without Accrual		<input type="checkbox"/>	Customary Union		<input type="checkbox"/>			<input type="checkbox"/>					
1.7	No. Of Dependents	<input type="text"/>	COP - after 1/11/84		<input type="checkbox"/>	ANC - with Accrual		<input type="checkbox"/>	Section 22(6)w		<input type="checkbox"/>			<input type="checkbox"/>				
1.8	Client Gender	MAL					FEM					Client Gender						
1.9	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ithala Staff		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.10	Education Qualifications																	
1.11	Are you a South African citizen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.12	If not are you a permanent Resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.13	Permanent Residence Permit Issue No.																	
1.14	Country if Permanent Residence																	
1.15	Present Domicillium Address																	
		Code																
1.16	Present Postal Address																	
		Code																
1.17	Contact Person / Relative not living at Same address	Surname					First Names:											
		Relationship:					Tel No:					Cell:						
1.18	Salary Banking Details	Bank					Branch Code											
		Account Number					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<p>ITHALA SOC LIMITED IS A WHOLLY - OWNED SUBSIDIARY OF THALA DEVELOPMENT FINANCE CORPORATION LIMITED Reg. No. 2001/007427/30 Ithala SOC Limited is an Authorised Financial Services and Credit Provider</p>																		

2. EMPLOYMENT DETAILS

2.1	Name of Employer / Business		Dept.	
2.2	Occupation		Employment Sector	Branch
2.3	Employer Address (Physical)	Contact Person		
	(Postal)			
		Code		
2.4	Start Date at Current Employer	Day	Month	Year Retirement Age:
2.5	Salary Frequency Weekly / Monthly		Employee No:	Tax Ref No:
2.6	Employer Phone ()	Employer Fax ()		Email
2.7	Previous Employer		No Of Years.	

3. PARTICULARS OF CO-APPLICANT

3.1	Surname			Title
3.2	First Names	1	2	3
3.3	Date of Birth			Nationality
3.4	Identity Number			ID Type
3.5	Telephone Number	Home ()	Cell:	Email:
3.6	Client Gender	MAL	FEM	Client Race
3.7	Employer's Name			
3.8	Employer's Address (Physical)			
	(Postal)	Code		
3.9	Employer's Telephone Number	()		
3.10	Employee Number			Contact Name
3.11	Tax Ref No			Retirement Age
3.12	Occupation			

4. APPLICANT'S HEALTH

4.1	Have you ever had any serious illness, disorder, operation, disability or accident	YES	
		NO	
4.2	If yes please give details		

5. PARTICULARS OF LOAN

5.1	Purchase Price	R	C	
5.2	Erections Cost	R	C	
5.3	Site Costs	R	C	
5.4	Re-Advance / Additional Loan Amount	R	C	
5.5	Additions /Alteration	R	C	
5.6	Loan Redemption	R	C	
5.7	Other - Specify	R	C	
5.8	Less Own Contribution	R	C	
5.9	Less Employer's Contribution	R	C	
5.10	TOTAL LOAN REQUIRED (TO SECTION 12)	R	C	Exclude Official Costs & Capital Subsidy

6. LOAN DETAILS									
6.1	First time home buyer	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
6.2	Do you have an existing home loan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bank	A/C No:				
6.3	Purpose of Dwelling	Owner Occupied	<input type="checkbox"/>	Holiday House	<input type="checkbox"/>	Improvements	<input type="checkbox"/>		
		Renting out	<input type="checkbox"/>	Build	<input type="checkbox"/>				
6.4	How will instalments be made	Debit order	<input type="checkbox"/>	Stop order	<input type="checkbox"/>				

7. PARTICULARS OF PROPERTY									
7.1	Site/Erf/Lot Number	Urban <input type="checkbox"/> Rural <input type="checkbox"/>		Town	District				
7.2	Street Address								
7.3	Suburb/Town					City			
		Site/Street/PO Box							
7.4	Future Postal Address (02)	Area							
		Code				Effective Date			
7.5	Type of Title								
7.6	Is Property Bonded?	YES	NO	Bank	Account No:				
7.7	Transferring Attorney					Telephone No. ()			
7.8	Contact Person for evaluation Purposes					Cell/Tel ()			

8. SECTIONAL TITLE									
	Is the sectional register open	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Section Number.					
	Unit Number.	Complex Name							
	Parking / Garage Bay No.	Managing Agents Name.							
	Tel No. of Managing Agents ()	Address.							
	Body Corporate Address								
	Participation Quota Details to be Furnished								

9. PARTICULARS OF SELLER									
9.1	Surname	Title							
9.2	First Name	1	2				3		
9.3	Date of Birth						Identity Number		
9.4	Postal Address	Code							
9.5	Contact Telephone Number	()	Cell:				Email:		
9.6	Marital Status	Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow/er	<input type="checkbox"/>	Other	
		Married - Date							
		COP - before 1/1/84		ANC - without Accrual	<input type="checkbox"/>	Customary Union	<input type="checkbox"/>		
		COP - after 1/11/84		ANC - with Accrual	<input type="checkbox"/>	Section 22 (6)	<input type="checkbox"/>		
9.7	Spouse Full Names								
9.8	Spouse's Date of Birth						Identity Number		

10. MONTHLY INCOME & EXPENDITURE (AFFORDABILITY)							
	Income				Expenses		
	APPLICANT			c	PAYE	R	c
10.1	Gross Salary	R	c		R		c
10.2	Housing Allowance	R	c		R		c
10.3	Commission	R	c		R		c
10.4	Overtime	R	c		R		c
10.5	Investments	R	c		R		c
10.6	Rental	R	c		R		c
10.7	Fringe Benefits	R	c		R		c
10.8	Other (Specify)	R	c		R		c
	CO-APPLICANT				R		c
10.9	Sub Total Income	R	c		R		c
		R	c		R		c
10.10	Gross Salary	R	c		R		c
10.11	Housing Allowance	R	c		R		c
10.12	Commission	R	c		R		c
10.13	Overtime	R	c		R		c
10.14	Investments	R	c		R		c
10.15	Rental	R	c		R		c
10.16	Fringe Benefits	R	c		R		c
10.17	Other (Specify)	R	c		R		c
10.18	Sub Total Income	R	c		R		c
		R	c		R		c
10.19	TOTAL <small>(HOUSEHOLD)</small> INCOME	R	c				
10.20	DISPOSABLE INCOME	R	c				
Any comments or motivation in respect of this application							

11. RELATED PARTIES

Are you any of the following OR are you related to any of the following

If Yes tick where applicable and provide details

What is your/their position

Type of relationship

☐ Member of Parliament

☐ Government Official

☐ Municipal Councillor

☐ Traditional Leader

☐ Other

12. MORTGAGE PROTECTION, LIFE & DISABILITY ASSURANCE

I, the undersigned acknowledge and agree to Ithala SOC Limited effecting Life Assurance and Total Disability Cover over my life in favour of Ithala SOC Limited. The intention is that in the event of my death or total disability the proceeds of the Assurance shall be utilised towards settlement of the outstanding balance of my loan with Ithala SOC Limited. I also authorize Ithala to effect such at my cost at any time should there be no exiting cover until replaced by me.

13. INSURANCE

Do you have any current policy to cover the new property? Yes ☐ No ☐ Value.....

Insurer's Name..... Telephone No.....

Policy No.....

Address

If No, Please furnish us with a copy of your policy

14. GENERAL

In the event of Ithala SOC Limited granting a loan, I agree to abide by the housing rules of Ithala SOC Limited, to sign all documents that Ithala SOC Limited may consider necessary and to pay all costs relating thereto, valuation, administration fees, attorney's fees and disbursements.

If this application is the basis of an arrangement in connection with the granting of a loan (If any) to me, I undertake to have the building erected in accordance with plans and specifications signed by me and the builder and lodged with Ithala SOC Limited.

15. STATEMENT OF ACCOUNT & LANGUAGE

STATEMENT OF ACCOUNT

Frequency: Quarterly

Mode of delivery: Hard Copy, Posted

LANGUAGE

Legal contracting is in English

16. DECLARATION

I / We declare that to the best of my/our knowledge, the information and particulars set out in this application are true and correct and that no information which might affect the decision of Ithala SOC Limited has been withheld.

17. CONSENT

Information furnished by you within the course of the loan granting process or Registering of Bond/s may be disclosed to persons who are not in the employ of Ithala SOC Limited but whose services may be utilised by Ithala SOC Limited in the process of granting the loan/s.

I/We give consent to Ithala SOC Limited to disclose such information to such person/s.

Yes

☐

No

☐

I/We give consent to Ithala SOC Limited to perform the necessary credit checks from applicable credit bureaus.

Yes

☐

No

☐

18. STATEMENT OF OPTIONS

Tick which marketing option was selected by the consumer.

☐

I/We decline pre-approved annual credit limit increases.

☐

I/We wish to be excluded from receiving marketing material /products for Ithala SOC LTD.

☐

I/We wish to be excluded from telemarketing campaigns by or on behalf of Ithala SOC LTD.

☐

I/We wish to be excluded from marketing or consumer list sold or distributed by Ithala SOC LTD to its business partners.

☐

I/We wish to be excluded from distribution of any mass sms or e-mail messages.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Originator Stamp _____ Date _____