

IBO HEAD OFFICE

29 Firwood Avenue Hazelwood Pretoria 0081

DETAILS REQUIRED FOR HOME LOAN APPLICATION: Joint application

VERY IMPORTANT - PLEASE COMPLETE EACH QUESTION!

For office use:		
CONSULTANT NAME:	SOURCE:	
CONSULTANT PHONE NUMBER:		

MAIN APPLICANT DETAILS:

Asian	Blac	k	Colour	red	White	Other	
		COUNTRY			EXPIRY DATE		
	Yes				No		
NUMBER:							
					Female		
					English		
Single ANC-With ANC-With			/ithout	COP	Divorced		
PRESENT PHYSICAL ADDRESS:				PRES	PRESENT POSTAL ADDRESS:		
				_			
				_			
				_			
Owner	Tenant	Boarde	r	L	iving With Pa	arents	
Owner work:	Tenant	Boarde		L DME:	iving With Pa	arents	
	Tenant	Boarde	HC		iving With Pa	arents	
	Single	Yes Male Afrikaan Single ANC-W	Yes Male Afrikaans	Yes Num Male Afrikaans Single ANC-With ANC-W	Yes NUMBER: Male Afrikaans Single ANC-With ANC-Without	COUNTRY EXPIRY DATE Yes No Male Female Afrikaans Englisi Single ANC-With ANC-Without	

EMPLOYMENT DETAILS:

ARE YOU SELF EMPLOYED?	Yes			No		
ARE YOU A COMMISSION/OVERTIME EARNER?	Yes			No		
OCCUPATION:						
OCCUPATION LEVEL:	Senior Manage	ement	Management	Supervis	or Skilled Worker	
	Semi-skilled wo		Unskilled worke	er Junior		
	PRESENT EMPLO	OYER:		PREVIOUS EMPLOYER:		
NAME OF EMPLOYER:						
PERIOD WITH EMPLOYER:						
PHYSICAL WORK ADDRESS:						
CODE:						
QUALIFICATIONS:	Yes	No	SPECIFY			
HAVE YOU EVER BEEN DECLARED INSOLVENT:	Yes		No			
IF YES: DATE REHABILITATED:				-		

BANKING DETAILS:

ACCOUNT TYPE	INSTITUTION	BRANCH NAME	ACC NUMBER	ACC HOLDER	CURRENT BALANCE
CHEQUE					
TRANS / SAVINGS					
CREDIT CARD 1					
HOW WILL THE INTST	ALMENT BE MADE?	DEBIT ORDER	WHICH ACCOUNT NU	MBER:	
		SALARY STOP ORDER			

INCOME AND EXPENDITURES:

INCOME:	
Basic Salary	
Gross Housing Subsidy	
Commission	
Overtime	
Income after Deductions	
Other Income	
Dividend Income	
Rental Income	
Other 1:	
Other 2:	
Fringe Benefits	
Car Allowance	
Other 1:	
Total Income:	

EXPENSES:	
Bond Repayments / Rental	
Other Loan Instalments	
Credit Card Minimum Payment	
Water and Lights	
Rates and Taxes	
Insurance – Short Time	
Insurance - Life	
Petrol / Vehicle Maintenance	
Clothing	
TV / Rental / MNET/ Telephone	
Vehicle Instalment	
Second Vehicle	
Other Salary deductions	
Pension	
Medical Aid	
PAYE Contribution	
UIF	
Food / Groceries / Liquor / Cigarettes	
Repair and Maintenance – Household	
Domestic Wages	
Education	
Entertainment / Sport / Subscriptions	
Alimony / Maintenance	
Monthly Asset Finance	
Cell phone	
Investments (Unit / Trust & Endowments)	
Total Expenses:	
Total Income: R - Total Expenses	R = Affordability R

Client Signature:

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ASSETS AND LIABILITIES:

ASSETS								
Fixed Property	ERF No:	District Suburb	Purchase	e Date	Purchased Amount	Present Value		
Vehicle	Model	Year	Purchase	e Date	Purchased Amount	Present Value		
Furniture / Fitting								
Life Acourance Policies					/			
LITE ASSULATICE FUTCIES	Life Assurance Policies COMPANY							
Income the sector	1							
Investments			C	OMPANY	1			
		LIABII	LITIES					
Mortgage Bonds	ERF No:	Name of Bond	Holder	Bond Ac	c No	Amount Owing		
HP / Instalment Agreement	Type of Loan	Date Repayable		Instalment Amount		Amount Owing		
	_							
Owing to Financial Institution	Type of Loan	Date Repayab	le	Instalme	nt Amount	Amount Owing		

MAIN APPLICANT DECLARATION:

INDEPENDENT BOND ORIGINATORS CONSENT DECLARATION:

Telemarketing ?	Yes
Marketing List Sales	Yes
Mass SMS or E-Mailing:	Yes
Preferred delivery mechanism:	Mail / E-Mail / SMS / All

I warrant that all the information I supplied is to the best of my knowledge and belief, true and correct in all material respects and I am not aware of any other information which, should it become known to the Bank, would affect the consideration of my application in any way.

I hereby appoint Independent Bond Originators as my sole agent to obtain mortgage loan finance for this property on my behalf.

I agree that the Bank can provide any information pertaining to the Loan applied for, sharing positive and negative information to Independent Bond Originator during the application process.

I hereby authorise the Bank to have access to my credit bureau records, and to furnish or to disclose any information arising from any agreement entered into with the Bank to any such credit bureaus.

I confirm that I am not currently under debt review and am not subject to any debt rearrangement orders.

I hereby authorise Independent Bond Originators to supply my details to their exclusive business partners to enable them to provide me with tailored quotes for products to suit my circumstances. My details will not be shared with any other external parties.

Name:

Signature:

Date:

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Consent to electronically obtain account statements from financial institutions

Name of account holder (you)*	۱۱
*One account holder per consent form	
Identity/Passport/Registration Number	11

Absa Bank Ltd, First National Bank, a division of FirstRand Bank Ltd, Nedbank Ltd_and Standard Bank Ltd (the banks) work with each other and other financial institutions to fight, amongst other crimes, home loan application fraud. In these dealings, the banks_ensure that all personal and financial information about clients are protected and kept strictly confidential.

For the purpose of assessing_the_home loan application that [Source name] will submit on your behalf to any or all of the banks in the name of _______, the banks_need your consent to obtainyour bank statement(s) directly for your_account(s) held at other financial institutions (as specified below). The financial institutions involved will exchange no further information than the bank statements you have authorised and_these_will be safeguarded and not used for any other purposes. Bank account statements obtained will also be limited to the period necessary to assess_the home loan application.

Your signature below confirms that the banks_have your consent to_obtain_bank statement(s) on the following account(s) (that show your account transaction history)and if there is a problem with the electronic retrieval of some or all of the required bank statements for any reason, the banks_will contact you to provide physical copies:

Account 1:

Name of bank/institution	
Account type/ description	
Branch name	Branch/Universal number
Account number	
Account 2:	
Name of bank/institution	١
Account type/ description	
Branch name	Branch/Universal number
Account number	
Signature	Date
If account is in the name	of a legal entity:
Name of signatory/ies	
Capacity of signatory/ies_	
Date November 2014	

CO-APPLICANT/SPOUSE/SURETY DETAILS:

APPLICABLE:	Co-Applicant Spou		oouse		Surety			
SURNAME:						,		
FULL NAMES (As per ID):								
TITLE:								
IDENTITY NUMBER:								
ETHNIC GROUP:	Asian	Blac	k 🗌	Colou	red	White	Other	
NATIONALITY:								
IF A NON SA CITIZEN PASSPORT NUMBER: refer to addendum as well		0	COUNTRY:			EXPIRY DATE:		
NUMBER: refer to addendum as well ARE YOU A PERMANENT RESIDENT?		Yes				No		
COUNTRY OF PERMANENT RESIDENCE:	NUMBER:							
GENDER:	Male				Female			
LANGUAGE PREFERENCE:	Afrikaans					English		
MARITAL STATUS:	Single	ANC-W	'ith	ANC-\	Without	COP	Divorced	
NUMBER OF DEPENDANTS:								
	PRESENT PHYSICAL ADDRESS:			PRESEN	IT POSTAL ADD	RESS:		
					_			
PERIOD AT PRESENT ADDRESS:								
RESIDENTIAL STATUS:	Owner	Tenant Boarder			Living With Parents			
CONTACT PHONE NUMBERS:	WORK:	1	1	' T	HOME:			
	FAX:				CELL:			
E-MAIL ADDRESS:	1							
<u> </u>	ļ							

EMPLOYMENT DETAILS:

ARE YOU SELF EMPLOYED?	Yes			No		
ARE YOU A COMMISSION/OVERTIME EARNER?		Yes		١	No	
OCCUPATION:						
OCCUPATION LEVEL:	Senior Mana		Management	Supervisor	Skilled Worker	
	Semi-skilled		Unskilled worke	er Junior		
	PRESENT EMP	PLOYER:		PREVIOUS EMPLOYER:		
NAME OF EMPLOYER:						
PERIOD WITH EMPLOYER:						
PHYSICAL WORK ADDRESS:						
CODE:						
QUALIFICATIONS:	Yes	No	SPECIFY			
HAVE YOU EVER BEEN DECLARED INSOLVENT:	: Yes			No		
IF YES: DATE REHABILITATED:						

BANKING DETAILS:

ACCOUNT TYPE	INSTITUTION	BRANCH NAME	ACC NUMBER	ACC HOLDER	CURRENT BALANCE
CHEQUE		BIRATOTTIALE		AGGINGEDEN	OOTHILITT BALANCE
TRANS / SAVINGS					
CREDIT CARD 1					

INCOME AND EXPENDITURES:

INCOME:	
Basic Salary	
Gross Housing Subsidy	
Commission	
Overtime	
Income after Deductions	
Other Income	
Dividend Income	
Rental Income	
Other 1:	
Other 2:	
Fringe Benefits	
Car Allowance	
Other 1:	
Total Income:	

EXPENSES:	
Bond Repayments / Rental	
Other Loan Instalments	
Credit Card Minimum Payment	
Water and Lights	
Rates and Taxes	
Insurance – Short Time	
Insurance - Life	
Petrol / Vehicle Maintenance	
Clothing	
TV / Rental / MNET / Telephone	
Vehicle Instalment	
Second Vehicle	
Other Salary deductions	
Pension	
Medical Aid	
PAYE Contribution	
UIF	
Food / Groceries / Liquor / Cigarettes	
Domestic Wages	
Education	
Entertainment / Sport / Subscriptions	
Alimony / Maintenance	
Cell phone	
Levies	
Investments (Unit / Trust & Endowments)	
Total Expenses:	
Total Income: R - Total Expenses	: R = Affordability R

Client Signature:

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ASSETS AND LIABILITIES:

ASSETS							
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Vehicle	Model	Year	Purchase	e Date	Purchased Amount	Present Value	
Furniture / Fitting							
Life Assurance Policies			0		/		
Investments			C		1		
		LIABI	LITIES				
Mortgage Bonds	ERF No:			Bond Ac		Amount Owing	
		o: Name of Bond Holder Bond Acc No			Amount Owing		
HP / Instalment	Type of Loan	Date Repayab		Instalmo	nt Amount	Amount Owing	
Agreement	I ype or Loan		le	Instante	nt Amount	Amount Owing	
Owing to Financial Institution	Type of Loan	Date Repayab	le	Instalme	nt Amount	Amount Owing	

CO-APPLICANT/SPOUSE/SURETY DECLARATION:

INDEPENDENT BOND ORIGINATORS CONSENT DECLARATION:

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Signature:

Date:



Consent to electronically obtain account statements from financial institutions

Name of account holder (you)*	۱۱
*One account holder per consent form	
Identity/Passport/Registration Number	111

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Your signature below confirms that the banks_have your consent to_obtain_bank statement(s) on the following account(s) (that show your account transaction history)and if there is a problem with the electronic retrieval of some or all of the required bank statements for any reason, the banks_will contact you to provide physical copies:

Account 1:

Name of bank/institution	
Account type/ description	
Branch name	Branch/Universal number
Account number	
Account 2:	
Name of bank/institution	١
Account type/ description	
Branch name	Branch/Universal number
Account number	
Signature	Date
If account is in the name	of a legal entity:
Name of signatory/ies	
Capacity of signatory/ies_	
Date November 2014	

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ADDENDUM TO THE APPLICATION

Due to the new Foreign Account Tax Compliance Act (FATCA), the Bank is now required to report on the below regarding individual applicants:

MAIN APPLICANT :

•	Tax Obligations outside of RSA?	YES	/	NO
NO	: RSA TAX Number:			
YE	S: TIN Number:	Relevant Jurisdi	ictio	n:
•	City of Birth			
•	Country of marriage			

Questions for: The Financial Intelligence Centre (FIC)

1.1 Are you a public official in a position of authority? (Yes/No);

1.2 Are you related to or associated to a public official in a position of authority? (Yes/No);

If the answer to question 2 is yes:

- 1.2.1 What is the nature of the relationship or association?
 - Spouse/Partner
 - Son/Daughter
 - Parent
 - Sibling
 - Business Partner
 - Close Associate
- 1.2.2 Name of the public official: _____
- 1.2.3 Surname of the public official:

Declaration,

I hold no other citizenships and residencies for local and international tax purposes other than those disclosed in this application form and will inform the lender in writing of any changes of this status within 30 days of the status.

Name:

Signature:

Date:

CO-APPLICANT/SPOUSE/SURETY:

Tax Obligation	s outside of RSA?	YES	/ NO
NO: RSA TAX Nu	mber:	_	
YES: TIN Number	:	_Relevant Juriso	liction:
City of Birth			
Country of mail	rriage		
Questions for: The F	inancial Intelligence	Centre (FIC)	
1.1 Are you a pub	lic official in a position of	authority? (Yes	/No);
1.2 Are you relate	ed to or associated to a pu	blic official in a	position of authority? (Yes/No);
If the answer	to question 2 is yes :		
1.2.1	What is the nature of th - Spouse/Partner - Son/Daughter - Parent - Sibling - Business Partner - Close Associate	e relationship or	association?
1.2.2	Name of the public offic	ial:	
1.2.3	Surname of the public o	fficial:	

Declaration,

I hold no other citizenships and residencies for local and international tax purposes other than those disclosed in this application form and will inform the lender in writing of any changes of this status within 30 days of the status.

Name:	

Signature:

Date:

Related to the questions above: FIC

(a)	President or Deputy President
(b)	Government minister or deputy minister
(c)	Premier of a province
(d)	Member of the Executive Council of a province
(e)	Duly elected executive mayor of a municipality
(f)	Leader of a duly registered political party
(g)	Head, accounting officer or chief financial officer of a national or provincial department or government component, as defined
(h)	Duly appointed municipal manager of a municipality or a duly designated chief financial officer
(i)	Chairperson of the controlling body, chief executive officer, natural person who is the accounting authority, chief financial officer or chief investment officer of a public entity, as listed
(j)	Chairperson of the controlling body, chief executive officer, chief financial officer or chief investment officer of a municipal entity, as defined
(k)	Constitutional court judge or any other judge, as defined
(I)	Ambassador, high commissioner, or other senior representative of a foreign government based in the RSA; or
(m)	Officer of the South African National Defence Force above the rank of major general



bleat dredit

AFFORDABILITY ASSESSMENT AUTHORITY & CONSENT

In terms of section 81(2) of the National Credit Act 34 of 2005

			PERSON	IAL INFO	ORMAT	ION (Ma	in App	lica	nt)			
Full Names						Surnan	ne					
Identity Numb	er											
Physical Addre	ess											
										Post Code	e	
Postal Addres	5									Post Code	e	
Cell		Tel. (H)		Tel. (W)			Email					
			INCO	ME & EX	KPENSE	S (Main	Applic	ant)				
Monthly Gross Salary		Monthly S	Monthly Salary Deductions Mont			nthly Net	tt Income					
Monthly Othe	onthly Other Income Monthly Expenses (excluding credit instalments)											

				PE	RSONAL IN	IFORMA	FION (Spo	ouse/Joint	:)				
Full N	lames							Surnar	ne				
Ident	tity Number								·				
Physi	ical Address												
												Post Code	e
Posta	al Address											Post Code	e
Cell			Tel. (H)			Tel. (W)			Email				
					INCOME 8	& EXPENS	ES (Spou	se/Joint)					
Mon	thly Gross Sal	lary			Monthly S	Salary De	ductions			Mor	nthly Net	t Income	
Monthly Other Income Monthly Expenses (excluding credit instalments)													

DECLARATION BY APPLICANT/S

I/we hereby nominate, constitute and appoint LUCID Clear Credit (Pty) Ltd (2011/128765/07) ("LUCID") with Power of Substitution to be my true and lawful Agent in my name, place and stead, to represent me and deal with any matter and sign all documents necessary, to obtain my consumer credit information, deeds, CIPC, eNaTIS, finance application and financial information, from all credit bureaus and relevant third parties and to make the aforementioned information available to me and IBO Janine vd Merwe for the purpose of performing an affordability and pre-qualification finance assessment on me.

I/we agree to LUCID contacting me to provide me with a copy of my affordability & pre-qualification, financial and risk assessment reports and to consult with me to assist me in qualifying for finance or qualifying for better finance terms or improving my affordability and risk. I accept that LUCID will retain all my information, received in terms of this authority and I consent to its use thereof, within the normal course of its business, as may be determined, from time to time, at its sole discretion. For detailed information on LUCID's Privacy Policy, please go to www.scorefix.co.za

Your personal information will not be shared with third parties, however we may disclose your personal information to third parties who are involved in the marketing and/or provision of the aforementioned products or services to you, provided they comply with our Privacy T&Cs. I/we understand that I may revoke this authorization, in writing to LUCID, at any time and unless revoked, it shall remain in force and effect.

Date	
Full Name (Single Applicant)	
Signature	

Date	
Full Name (Spouse/Joint)	
Signature	

Consent form - Estate Agent

I, the undersigned:

[Insert consumer's full name and surname]

CONSENT IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT

I consent to______[NAME OF THE ESTATE AGENCY/THIRD PARTY] sharing my Offer to Purchase and other personal information with EELD Consultants (Pty) Ltd , Bond Support Services (Pty) Ltd, Dimension Financial Services Group (Pty) Ltd, e Home Loans (Pty) Ltd ("the IBO Group") and MortgageMax (BetterLife Origination Services (Pty) Ltd) for purposes of a pre-qualification and/or home loan application and/or in respect of any other relevant financial products that I may be interested in.

The IBO Group (or "you") cares about your privacy and information security.

I agree to provide you with certain personal information when I communicate with you by email, SMS (or any other electronic means) or telephone and make use of your home loan pre-qualification service, do a credit check through a credit bureau report, when I apply for a home loan and/or when I elect to make use of the BetterSure insurance brokerage service.

I acknowledge that:

- appropriate advice can only be provided after full disclosure of my relevant personal information for purposes of evaluating and advising me in respect of my home loan application and on suitable financial products in line with my objectives;
- you require relevant personal information to assist me with my pre-qualification and/or home loan application and/ or to accept, issue and service insurance policies that I may apply for;
- I agree to be informed about the outcome of my pre-qualification and/or home loan application and/or in respect of any other relevant financial products that I may be interested in.

I agree and give my consent to you to process my personal information for the purposes relating to any pre-qualification and/or home loan application made by you and agree that you may share this information for this purpose with companies within your *group, *financial institutions, registered credit providers as well as your service providers. I agree and give my consent to the IBO Group to share any reasonable information concerning the home loan application process, including but not limited to sharing a copy of the home loan grant with the *Third party:

The services provided by the IBO Group are not intended to be financial, tax or legal advice and should not be construed as such. The IBO Group and their service partners are not financial planners, brokers or tax advisers. Your personal financial situation is unique, and it is your responsibility, given your financial and other individual circumstances, to use any information and advice obtained through these services appropriately and responsibly when implementing your decisions. Before making any financial decisions or implementing any financial strategy, you should obtain advice from your accountant or other financial advisor who are fully aware of your individual circumstances.

Signature _____

Name of the Signatory_____

Date_

*"Financial Institutions" means ABSA Bank, First National Bank, NedBank, Standard Bank, where necessary Investec, Ithala, HiP (HousingInvestment Partners), SAHL (SA Home Loans), Sentinel, Auto Assist, Business Fuel.

*" IBO Group" means EELD Consultants (Pty) Ltd, Bond Support Services (Pty) Ltd, Dimension Financial Services Group (Pty) Ltd and e Home Loans (Pty) and its subsidiaries, including internal systems e.g. LMS and Comcorp which is used to process the personal information and to submit to the financial institutions.

*"Third party" means financial institution and/or its representatives, the estate agent, the property developer, the conveyancing and/or any third party including but not limited to the lead provider dealing with a property that I am interested in purchasing

