

Braamfin Personal Loans - APPLICATION FORM

Applicant Information

IDENTITY NUMBER (one figure per block)

Surname: Title:

First Name: Self: A.K.A.

Spouse: A.K.A.

Marital Status: Single Married Divorced Widow Number of Dependents:

RESIDENTIAL ADDRESS: (Physical) POSTAL ADDRESS

Suburb: Postal Code

Contact No. (Home) Cellular No.

E-mail:

Language Preference: English Afrikaans Zulu

Employment Information

Self:

Employer: Start Date:

Occupation: Employee No.

Tel (W): EXT Fax:

Tel (HR): EXT

Salary Date:

Net Income after deductions R .

Frequency: Monthly Fortnightly Weekly

Is salary paid to bank? YES NO

Work Address

Suburb:

Postal Code

Are you currently under Debt Review, Debt Counselling or under Administration YES NO

Spouse:

Employer: Occupation:

Tel (W): EXT

Tel (C):

Net Income R .

Banking Details

Name of Bank Branch

Account Type: Mark applicable with "X" Cheque Savings Transmission

Account Number

Overdraft Facility R .

RELATIVES (Details of Relative not living with you *Strictly NO Friends)

	1	2
Name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>
Telephone No.	<input type="text"/> H W C	<input type="text"/> H W C

Where did you see our advert

I hereby consent African Advantage to perform a credit check when assessing the application.

DECLARATION: I declare that the information in this form is true and correct

Applicant Signature

Date

IT IS A SERIOUS OFFENCE TO MAKE A FALSE DECLARATION

FAX APPLICATION AND DOCUMENTS TO: (011) 483-3744