No:



# LOAN APPLICATION FORM

124 John Meinert Street Windhoek West, Windhoek P.O Box 4461 Windhoek, Namibia Tel: +264 61 401326 Fax: +264 61 401353 Fax to Email: 0886553577

Web: www.firstcapitalnam.com

#### ----INSTRUCTIONS----

NB: Please complete the application form accurately in black ink. Indicate by writing in full or placing a tick (mark) in a box corresponding with your answer. Erase any error and sign to indicate the correction. Initial every page of this document and sign on the last page. The information supplied shall be treated with utmost confidence. First Capital Treasury Solutions reserves the right to either accept or reject applications pertaining requirements and selection criteria.

### **PERSONAL DETAILS**

1) APPLICATION TYPE Individual O Joint O
NB: JOINT APPLICATION IS ONLY PERMITTED IF APPLICANTS ARE MARRIED IN COMMUNITY OF PROPERTY AND ARE BOTH CIVIL SERVANTS.
2) PERSONAL DETAILS
Title Mr Mrs Miss Dr
Surname: First Name:
Middle Names:  Date Of Birth:  DD / MM / YYYY
ID Number: Nationality:
Passport Number: Nationality:
Gender: Male Female Email:
Telephone (Home): Telephone (Work):
Fax No: Mobile No:
CURRENT RESIDENTIAL ADDRESS
Address:
Postal Address:
Area: Town/City/Village:
Region:
Duration At Residence: Months/Years
Residence Status: Own Parents Rent Employer
MARITAL STATUS
Single Married Divorced Widowed
If Married: Provide Marriage Certificate
Date Of Marriage: Dd/Mm/Yyyy
In Community Of Property Out Of Community Of Property Customary
Number Of Dependents: Children Other

SPOUSE DETAILS
Surname: First Names:
Date Of Birth: Dd / Mm / Yyyy ID Number:
Name Of Employer:
3) EMPLOYMENT DETAILS
Name Of Employer:
Ministry: Department:
Title Of Position: Workstation:
Telephone: Switchboard: Direct:
Email: Website:
Address:
Town/City/Village: Constituency: Region:
Employee Number: Pay Date: (dd)
Highest Level Of Education: Years To Retirement:
Gross Monthly Salary : N\$ Net Monthly Pay: N\$ (Supply latest payslip)
Fire Insurance (Compulsory): Yes No Sum Insured N\$: Premium /Month N\$:
Life Insurance (if Any): Yes No Sum Insured N\$: Premium /Month N\$:
Employment Period: Other Income: (specify Source)
APPLICANTS BANKING DETAILS
Bank Name: Branch Code:
Account Number: Nature Of Account:

# 4) PROPERTY DETAILS

LOAN PURPOSE					
Purchasing Existing House	$\bigcirc$	Land and Build House	$\bigcirc$	Bond Takeover	$\bigcirc$
Additions/Alterations	$\bigcirc$	Maintain/Repair	$\bigcirc$		
PROPERTY DETAILS:					
House Townhouse	$\bigcirc$	Flat Compl	ex 🔘		
Purpose (use): Main Resider	nce 🔘	Second Residence			
Location Of Property/land:					
Town/City/Village:		Constituency:		Region:	
Name Of Seller:		S	eller's Cont	act Details:	
Contractor:					
LOAN AMOUNT					
Loan Amount: N\$					
Loan Term					

# 5) INCOME & EXPENDITURE

# INCOME (MONTHLY)

GROSS BASIC SALARY (INCLUDING BONUS)	INCOME	DEDUCTIONS	NET INCOME
FRINGE BENEFITS (DETAILS)			
TOTAL INCOME			
LESS DEDUCTIONS (PENSION FUND, TAX, ETC)			
NET SALARY			
SPOUSE'S GROSS SALARY			
LESS DEDUCTIONS (PENSION FUND, TAX, ETC)			
SPOUSES'S SALARY (NET)			
OTHER INCOME (SPECIFY) (NET)			
	TOTA	AL NET INCOME	

# **EXPENDITURE (MONTHLY)**

	NET SURPLUS (TOTAL)	N\$	
	Total Net Expenditure	N\$	
	Other (telephone, internet, Airtime etc)		
	Entertainment		
	Domestic Wages Education		
	Clothing		
Housekeeping	Groceries		
Other Instalments	Timeshare, Instalment credit, personal loans etc		
Insurance/Assurance	House, Car & Life		
Transport	Bus/Taxi (if Applicable)		
_	Fuel/Maintenance		
Vehicles	Instalment/Lease		
	Maintenance (house, garden, etc)		
	Water & Lights		
	Rates &Taxes (if Applicable)		
	Bond (if Applicable)		
House	Rent (if Applicable)		

# **ASSETS**

### **FIXED PROPERTY**

Surburb	Erf No	Туре	Registered Owner & date of transfer	Price paid (N\$ only)	Market Value (N\$ only)

OTHER MOVABLE ASSETS (SPECIFT).				

# INVESTMENTS/SHARES, ETC IN QUOTED/PRIVATE INSTITUTIONS

Type of Investment/share	Where held	Market Value (N\$)

### BANK BALANCES

Type & Number (Savings, Fixed, Deposit, Current acc etc)	Name of Bank	Value (N\$)

#### **TOTAL ASSETS**

N\$		
IЛЭ		

# LIFE / RETIREMENT POLICIES

Name of assurance company	Cover (Life, RA, Endowment) policy No	Amount of cover (N\$)	Maturity Date (dd/mm/yyyy)	Surrender Value (N\$)

# LIABILITIES

Surburb	Erf No	Bondholder/ Seller	Monthly Repayment (N\$)	Outstanding balance (N\$)
Bonds				
Owing on deed of sale				

# INSTALMENTS (HP'S) / LEASES

Name of financial institution	Type of asset	Monthly repayment (N\$)	Final repayment (N\$)	Date (dd/mm/yyyy)	Outstanding balance (N\$)

#### **OVERDRAFTS/LOANS/CREDIT CARD AMOUNTS**

Type of facility (card, personal loan, overdraft) acc no's	Name of financial institution	Monthly repayment (N\$)	Credit Facility	Outstanding balance (N\$)

	NT:		

ACCOUNT	Outstanding balance (N\$)

# CONTINGENT LIABILITIES (GUARANTEES, SURETYSHIPS, NOTARIAL BONDS)

LIABILITY	Outstanding balance (N\$)

TOTAL LIABILITIES NS

14¢

**NET WORTH** 

N\$

### 7) INSURANCE

### HOUSE OWNERS COMPREHENSIVE (HOC) / FIRE COVER INSURANCE

$\bigcirc$	I/We hereby authorise First Capital Housing Fund to arrange Short-term insurance to protect the property due to
	unforeseen events such as fire, and debit my/our housing loan account with the premium.
	OR

I/we hereby undertake to cede a suitable HOC insurance policy to **First Capital Housing Fund** before registration. Should I fail to do so before mortgage registration, **First Capital Housing Fund** may arrange an appropriate short term insurance cover on my/our behalf with an insurance company nominated by the Fund.

### HOME LOANS PROTECTION PLAN (LIFE ASSURANCE COVER)

$\bigcirc$	I/We hereby agree that I/we understood the benefit of having the Life Assurance cover, and hereby would like to
	authorize First Capital Housing Fund to arrange life cover and debit my/our account with the life assurance
	premiums, and settle the outstanding balance on my/our housing loan account in the event of death.

OR

I/We hereby undertake to cede a suitable policy to **First Capital Housing Fund** before registration. Should I/we be unable to do so before mortgage registration, **First Capital Housing Fund** may arrange an appropriate life assurance cover on my/our behalf.

# Acknowledgement

**Signature:** I certify that everything I have stated in this application is correct and by signing below I commit to answer any questions that your officers may ask regarding the application.

A spouse signature is required if the application is a joint application.

ant's Name:		Spouse Name:	
Signature :		Signature :	
Date:		Date:	
	OFFICIA	AL USE ONLY	
	RECEIVED BY		
	FILE NO:		
	Please make sure all below (A		attached:
	_		attached.
	Certified copy of ID ( & Spouse	8 Spouse payslip for joint applic	cantel
		ificate (if married) or Divorce De	
		scheme/Letter of confirmation for	
	Bank Statement 6 Months (Sala		
	Home Loan Bank Statement 6	Months (Bond Takeover : if Any).	
	Debt Settlement Figures (if Any	·).	
	Copy of the Purchase Agreeme	nt/Deed of Sale.	
	Proof of Land Ownership/Title	Deed.	
	Construction/Renovation Quot	ations x 3 (Signed by client & co	ntractor).
		lans & Building permit(if Buildin	g/Renovations).
	Life Insurance (Recommended)		
	Fire Insurance (Mandatory).		
	LOA	AN STATUS	
	Approved	Declined	
	Ву	Signature	
Remark			



