

No: 

**FIRST CAPITAL**  
HOUSING FUND

## HOME LOAN APPLICATION FORM

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Windhoek West, Windhoek  
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Web: [www.firstcapitalnam.com](http://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 Housing Fund reserves the right to either accept or reject applications pertaining requirements and selection criteria.*

*All incomplete applications (including couriered documents) would be discarded.*

## 1) APPLICATION TYPE

Individual  Joint

*NB: Joint Application Is Only Permitted If Applicants Are Married In Community Of Property And Are Both Civil Servants.*

### MARITAL STATUS

Single  Married  Divorced  Widowed  *NB: If Married Provide Marriage Certificate*

Date Of Marriage:  -  -

In Community Of Property  Out Of Community Of Property  Customary

Number Of Dependents:  Children  Other  Total

### MAIN APPLICANT PERSONAL DETAILS

Title  Mr  Mrs  Miss  Ms  Other

Surname:

First Name:

Middle Name:

ID\Passport No:

Nationality:

Date Of Birth:  -  -

Gender: Male  Female

Email:

Telephone (Home):

Fax No:

Mobile No:

Tax Reg No:

### SPOUSE/CO-APPLICANT PERSONAL DETAILS

Title  Mr  Mrs  Miss  Ms  Other

Surname:

First Name:

Middle Name:

ID\Passport No:

Nationality:

Date Of Birth:  -  -

Gender: Male  Female

Email:

Telephone (Home):

Fax No:

Mobile No:

Tax Reg No:

### CURRENT RESIDENTIAL ADDRESS

Address:

Location/Suburb:

Town/City/Village:

Region:

Postal Address:

Duration at Residence:  Months/Years

Residence: Own  Parents  Rent  Employer

### CURRENT RESIDENTIAL ADDRESS

Same as Spouse  Yes  No *(if NO fill in below address)*

Address:

Location/Suburb:

Town/City/Village:

Region:

Postal Address:

Duration at Residence:  Months/Years

Residence: Own  Parents  Rent  Employer

## NEXT OF KIN DETAILS

First Name:	<input type="text"/>	Surname:	<input type="text"/>
Relationship:	<input type="text"/>	Mobile No:	<input type="text"/>
Full Address:	<input type="text"/>		

## 2) EMPLOYMENT DETAILS

## MAIN APPLICANT

Name Of Employer:	<input type="text"/>
Ministry:	<input type="text"/>
	<input type="text"/>
Department:	<input type="text"/>
Job Title:	<input type="text"/>
Workstation	<input type="text"/>
Telephone:	<input type="text"/>
Email:	<input type="text"/>
Address:	<input type="text"/>
Town/City/Village:	<input type="text"/>
Region:	<input type="text"/>
Employee Number:	<input type="text"/>
Gross Salary N\$:	<input type="text"/>
Pay Date:	<input type="text" value="DD"/>
Net Pay N\$:	<input type="text"/>
<small>(Supply latest payslip)</small>	
Other Income N\$:	<input type="text"/>
Employed Since:	<input type="text" value="MM"/> <input type="text" value="YYYY"/>
Years To Retirement:	<input type="text"/>
Highest Qualification:	<input type="text"/>

## CO-APPLICANT

Name Of Employer:	<input type="text"/>
Ministry:	<input type="text"/>
	<input type="text"/>
Department:	<input type="text"/>
Job Title:	<input type="text"/>
Workstation	<input type="text"/>
Telephone:	<input type="text"/>
Email:	<input type="text"/>
Address:	<input type="text"/>
Town/City/Village:	<input type="text"/>
Region:	<input type="text"/>
Employee Number:	<input type="text"/>
Gross Salary N\$:	<input type="text"/>
Pay Date:	<input type="text" value="DD"/>
Net Pay N\$:	<input type="text"/>
<small>(Supply latest payslip)</small>	
Other Income N\$:	<input type="text"/>
Employed Since:	<input type="text" value="MM"/> <input type="text" value="YYYY"/>
Years To Retirement:	<input type="text"/>
Highest Qualification:	<input type="text"/>

## APPLICANTS BANKING DETAILS (Salary Account)

Bank Name:	<input type="text"/>
Branch Code:	<input type="text"/>
Account No.:	<input type="text"/>
Account Type:	Savings <input type="radio"/> Cheque <input type="radio"/>

## Co-APPLICANTS BANKING DETAILS (Salary Account)

Bank Name:	<input type="text"/>
Branch Code:	<input type="text"/>
Account No.:	<input type="text"/>
Account Type:	Savings <input type="radio"/> Cheque <input type="radio"/>

## ----OFFICIAL USE ONLY----

**LOAN PURPOSE**

Purchasing Existing House  Land & Build House  Bond Takeover   
 Additions/Alterations  Maintain/Repair

**PROPERTY TYPE**

House  Townhouse  Flat  Complex   
 Purpose (Use): Main Residence  Second Residence

Erf No:  Street Name:

Location/Suburb:  Town/City:  Region:

**SELLERS DETAILS**

Name Of Seller:  ID No:

Tax Reg No:  Mobile No:

Full Address:

**LOAN AMOUNT**

Loan Amount: N\$  Loan Term

**3) INCOME & EXPENDITURE**

## INCOME (MONTHLY)

Main Applicant	
Basic Salary	N\$
Housing Allowance	N\$
Other Allowances	N\$
Deductions	N\$
<b>Total Net Income</b>	<b>N\$</b>

Co-Applicant	
Gross Salary	N\$
Housing Allowance	N\$
Other Allowances	N\$
Deductions	N\$
<b>Total Net Income</b>	<b>N\$</b>

**TOTAL INCOME** N\$

**EXPENDITURE (MONTHLY)**

	Main Applicant	Co-Applicant
House Rent (if Applicable)	<input type="text"/>	<input type="text"/>
Bond (if Applicable)	<input type="text"/>	<input type="text"/>
Rates & Taxes (if Applicable)	<input type="text"/>	<input type="text"/>
Water & Lights	<input type="text"/>	<input type="text"/>
Vehicles (Instalment/Lease)	<input type="text"/>	<input type="text"/>
Fuel/Maintenance	<input type="text"/>	<input type="text"/>
Transport Bus/Taxi (if Applicable)	<input type="text"/>	<input type="text"/>
Insurance/Assurance (House, Car & Life)	<input type="text"/>	<input type="text"/>
Other Instalments, Credit, Personal Loans etc	<input type="text"/>	<input type="text"/>
Groceries	<input type="text"/>	<input type="text"/>
Clothing	<input type="text"/>	<input type="text"/>
Domestic Wages/Housekeeping	<input type="text"/>	<input type="text"/>
Education/Kindergarten	<input type="text"/>	<input type="text"/>
Entertainment	<input type="text"/>	<input type="text"/>
Other (Telephone, Internet, Airtime etc)	<input type="text"/>	<input type="text"/>
<b>Total Net Expenditure</b>	N\$ <input type="text"/>	N\$ <input type="text"/>

**NET SURPLUS (TOTAL)** N\$

**4) STATEMENT OF ASSETS, LIABILITIES & EXPENDITURE**

**FIXED PROPERTY ASSETS**

Suburb	Erf No	Property Type	Registered Owner	Price Paid (N\$ Only)	Market Value (N\$ Only)

**OTHER MOVABLE ASSETS (SPECIFY)**

Description	Price Paid (N\$ Only)	Market Value (N\$ Only)

**TOTAL FIXED & MOVABLE ASSETS** N\$

## INVESTMENTS/SHARES, ETC IN QUOTED/PRIVATE INSTITUTIONS

Type of Investment/Shares	Institution Held	Balance/Value (N\$ Only)

TOTAL INVESTMENTS

N\$

TOTAL ASSETS

N\$

## 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

Suburb	Erf No	Bondholder/Seller	Monthly Instalment (N\$)	Outstanding Balance (N\$)
Bonds				
Owing on Deed of Sale				

## INSTALMENTS (OVERDRAFTS, LOANS, CREDIT CARDS, HP'S, LEASES)

Type of Facility (Card, Personal Loan, Overdraft) Acc No's	Name of Financial Institution	Monthly Repayment (N\$)	Credit Facility	Outstanding Balance (N\$)

## CONTINGENT LIABILITIES (GUARANTEES, SURETYSHIPS, NOTARIAL BONDS)

Liability	Outstanding Balance (N\$)

TOTAL LIABILITIES N\$ NET WORTH N\$ 

## 5) INSURANCE

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

Fire Insurance (Compulsory): Yes  No  Sum Insured N\$:  Premium /Month N\$: 

- 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 **First Capital Housing Fund**.

## HOME LOANS PROTECTION PLAN (LIFE ASSURANCE COVER)

Life Insurance (if Any): Yes  No  Sum Insured N\$:  Premium /Month N\$: 

- 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/we have stated in this application is correct and by signing below I/we commit to answer any questions that your officers may ask regarding the application. A spouse/co-applicant signature is required if the application is a joint application (If Married in Community of Property).

Applicant's Name: Spouse/  
Co-Applicant Name: Signature: Signature : Date:  -  - Date:  -  -

----OFFICIAL USE ONLY----

RECEIVED BY..... DATE .....

FILE NO:.....

Please make sure all below (Applicable) documents are attached:

- Latest Certified Copy of ID (& Spouse ID if married).
- Latest Salary Pay Slip (& Spouse Pay slip for Joint Applicants) - None Bonus.
- Certified copy of Marriage Certificate (if Married) or Divorce Decree (if Divorced).
- Proof of Government Subsidy Scheme/Letter of Confirmation from Employer.
- 3 Months Bank Statement (Salary Account).
- Land Outstanding Balance/Statement (if Any).
- Loan Statements (for Loans on Pay Slip).
- Purchase Agreement/Deed of Sale/Reservation Letter.
- Proof of Land Ownership/Title Deed/Allocation Letter.
- 3 x Construction/Renovation Quotation (Signed by Client & Contractor).
- Building Agreement, Building Plans A4/A3 Size & Building Permit (if Building/Renovations).
- Life Insurance (Mandatory).
- Fire Insurance (Mandatory).
- Tax Certificate (Applicants, Seller, Contractor).

LOAN STATUS

Approved

Declined

By..... Signature..... Date.....

Remarks

.....  
.....



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