

MEGA

APPLICATION FOR FINANCIAL ASSISTANCE

NCR CP 4446

1. LOAN REQUIREMENTS

1.1 TICK RELEVANT TYPE AND COMPLETE AMOUNT REQUESTED

- HOUSE PURCHASE R _____ BUILDING LOAN R _____
- STAND LOAN R _____ IMPROVEMENT LOAN R _____
- OTHER R _____

1.2 REASON FOR WHICH FINANCE IS REQUIRED?

DETAILS OF PROPERTY TO BE FINANCED *(FOR OFFICE USE ONLY – DO NOT COMPLETE)*

| | | |
|-------------------|---------------|------------------|
| ERF NO.: | PORTION: | TOWNSHIP: |
| STR. NAME: | STR. NUMBER: | CITY/TOWN: |
| AREA OF BUILDING: | AREA OF LAND: | AGE OF BUILDING: |
| COMPLEX NAME: | UNIT NUMBER: | FLAT NUMBER: |

DETAILS OF LOAN *(FOR OFFICE USE ONLY – DO NOT COMPLETE)*

| | |
|--------------------|--------------------|
| LOAN AMOUNT: | BOND AMOUNT: |
| INTEREST RATE: | |
| TERM | |
| TRANSFER ATTORNEY: | CONTACT DETAILS: |
| BOND ATTORNEY: | CONTACT DETAILS |
| CONTRACTOR NAME: | NHBRC REG. NUMBER: |

2. APPLICANT PARTICULARS

TITLE _____

SURNAME _____

FULL NAMES : _____

IDENTITY NUMBER : _____

MARITAL STATUS : _____

PHYSICAL ADDRESS : _____

POSTAL ADDRESS : _____

_____ Postal Code _____

TELEPHONE : (H) _____ (W) _____

FAX : No _____

CELL NUMBERS : _____

E-MAIL ADDRESS : _____

SPOUSE DETAILS

TITLE : _____

MAIDEN SURNAME : _____

SURNAME : _____

FULL NAMES : _____

IDENTITY NUMBER : _____

PHYSICAL ADDRESS : _____

POSTAL ADDRESS : _____

Postal Code: _____

TELEPHONE : (H) _____ (W) _____

CELL NUMBERS : _____

E-MAIL ADDRESS : _____

HAVE YOU OR YOUR SPOUSE BEEN DECLARED INSOLVENT IN THE LAST 10 YEARS? YES____ NO____

IF YES PROVIDE DETAILS:

BANKING DETAILS

BANK NAME : _____

BRANCH : _____

BRANCH CODE : _____

ACCOUNT NUMBER : _____

ACCOUNT TYPE : _____

5. PARTICULARS OF NEXT OF KIN

(PROVIDE INFORMATION OF A FRIEND OR RELATIVE NOT LIVING WITH YOU)

SURNAME : _____

FULL NAMES : _____

I.D NUMBERS: : _____

RESIDENTIAL ADDRESS : _____

: _____

E MAIL ADDRESS : _____

TELEPHONES : (W) _____

(CELL) _____

DETAILS OF EMPLOYMENT

| | APPLICANT | SPOUSE |
|----------------------|-----------|--------|
| OCCUPATION | | |
| SALARY NUMBER | | |
| EMPLOYER'S NAME | | |
| | | |
| EMPLOYER'S ADDRESS | | |
| | | |
| EMPLOYER'S TELEPHONE | | |

| PERIOD OF EMPLOYMENT | (YEARS) | (MONTHS) | (YEARS) | (MONTHS) |
|----------------------|---------|----------|---------|----------|
| | | | | |

IF SERVICE IS LESS THAN 2 YEARS PROVIDE DETAILS OF PREVIOUS EMPLOYMENT & FOR HOW LONG

| | APPLICANT | SPOUSE |
|-----------------------|-----------|--------|
| OCCUPATION | | |
| SALARY NUMBER | | |
| EMPLOYER'S NAME | | |
| | | |
| EMPLOYER'S TEL NUMBER | | |
| CONTACT PERSON | | |
| PERIOD OF EMPLOYMENT | | |

ARE YOU DIRECTLY RELATED TO ANY MEGA STAFF MEMBER? YES NO

IF YES, PROVIDE MORE DETAILS:

6. INCOME AND EXPENDITURE STATEMENT

| | |
|---------------------------------|--|
| FULL NAME & SURNAME: | |
|---------------------------------|--|

MONTHLY INCOME

| | |
|------------------------------------|--|
| BASIC SALARY | |
| HOUSING ALLOWANCE | |
| NP CASH | |
| MOTOR CAR | |
| MEDICAL PRO | |
| OTHER INCOME (SPECIAL DANGER ALL.) | |
| GROSS INCOME | |

MONTHLY EXPENDITURE

| | |
|-------------------------------------|--|
| TAX - PAYE/SITE | |
| PENSION/PROVIDENT FUND | |
| MEDICAL AID | |
| UIF | |
| RENT\BOND PAYMENTS | |
| FURNITURE INSTALMENTS | |
| VEHICLE INTALMENTS | |
| LOAN REPAYMENTS | |
| CAR & HOUSE INSURANCE | |
| LIFE ASSURANCE PREMIUMS | |
| WATER, ELECTRICITY, RATES & TAXES | |
| HOME & CELL PHONE | |
| ALIMONY/MAINTANANCE | |
| CREDIT CARD ACCOUNTS | |
| DONATIONS/CHURCH OFFERINGS/TITHES | |
| EDUCATION - school fees, books etc. | |
| GROCERIES | |
| CLOTHING ACCOUNTS/CHILDREN CLOTHING | |
| DOMESTIC/GARDEN HELP | |
| SECURITY SYSTEM | |
| TRANSPORT COST | |
| ENTERTAINMENT | |
| DSTV | |
| OTHER (specify) NEHAWU, PSCBC | |
| OTHER (specify) | |
| OTHER (specify) | |

TOTAL EXPENDITURE

SURPLUS/DEFICIT

| |
|--|
| |
|--|

7. DECLARATION

I, (full names) _____
declare that the information on this application form is true and correct. I hereby authorized MEGA to conduct any credit and financial investigation that may be necessary to assess this application.

SIGNATURE(Applicant) _____

SIGNATURE(Spouse) : _____

DATE: _____

FOR OFFICE USE ONLY

Dated on this day _____ the _____ day Of _____ 20 _____

Advisor _____ Signature _____