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)

<table>
<thead>
<tr>
<th>ERF NO.:</th>
<th>PORTION:</th>
<th>TOWNSHIP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>STR. NAME:</td>
<td>STR. NUMBER:</td>
<td>CITY/TOWN:</td>
</tr>
<tr>
<td>AREA OF BUILDING:</td>
<td>AREA OF LAND:</td>
<td>AGE OF BUILDING:</td>
</tr>
<tr>
<td>COMPLEX NAME:</td>
<td>UNIT NUMBER:</td>
<td>FLAT NUMBER:</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>LOAN AMOUNT:</th>
<th>BOND AMOUNT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTEREST RATE:</td>
<td></td>
</tr>
<tr>
<td>TERM</td>
<td></td>
</tr>
<tr>
<td>TRANSFER ATTORNEY:</td>
<td>CONTACT DETAILS:</td>
</tr>
<tr>
<td>BOND ATTORNEY:</td>
<td>CONTACT DETAILS</td>
</tr>
<tr>
<td>CONTRACTOR NAME:</td>
<td>NHBRC REG. NUMBER:</td>
</tr>
</tbody>
</table>
2. **APPLICANT PARTICULARS**

**TITLE**:  

**SURNAME**  

**FULL NAMES**:  

**IDENTITY NUMBER**:  

**MARITAL STATUS**:  

**PHYSICAL ADDRESS**:  

**POSTAL ADDRESS**:  

**TELEPHONE**  

**FAX**  

**CELL NUMBERS**  

**E-MAIL ADDRESS**  

**SPOUSE DETAILS**

**TITLE**:  

**MAIDEN SURNAME**  

**SURNAME**  

**FULL NAMES**:  

**IDENTITY NUMBER**:  

**PHYSICAL ADDRESS**:  

**POSTAL ADDRESS**:  

**TELEPHONE**  

**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

<table>
<thead>
<tr>
<th></th>
<th>Applicant</th>
<th>Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Occupation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Salary Number</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Employer’s Name</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Employer’s Address</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Employer’s Telephone</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Period of Employment | (Years) | (Months) | (Years) | (Months) |

If service is less than 2 years provide details of previous employment & for how long

<table>
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</tr>
<tr>
<td><strong>Employer’s Name</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Employer’s Tel Number</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contact Person</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Period of Employment</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you directly related to any Mega staff member?  □  Yes  □  No

If yes, provide more details:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
## 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 INSTALMENTS**
- **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___________________________________________