



how can we help you?

build, renovate or own a home with a **Pension Backed Loan** from FNB.



FNB
First National Bank

First National Bank – a Division of FirstRand Bank Limited. An Authorised Financial Services and Credit Provider FSP3071 & NCRCP20.

PENSION BACKED LOAN - APPLICATION FORM

Application Type (please tick where applicable)

Deposit for a Home Loan

Building a Property

Renovations to a Property

Buying Land/Property

SECTION 1

Particulars of the Applicants (please tick where applicable)

Applicant		Co-Applicant	
Are you under/ have applied for Administration by the Court?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Title	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="checkbox"/>	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Other. <input type="checkbox"/>	
Surname			
Full name(s)			
ID Number			
Country of Birth			
Have you applied for or been Declared Insolvent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Gender			
Maiden Name			
Known As			
ID Type	RSA <input type="checkbox"/> Other <input type="checkbox"/> Birth Date	RSA <input type="checkbox"/> Other <input type="checkbox"/> Birth Date	
Registration Tax number			
Registration Tax Identification Number outside of South Africa			
No tax number issued by governing body, indicate reason:			
No tax number present, indicate reason:			
Preferred Language	English <input type="checkbox"/> Afrikaans <input type="checkbox"/> Zulu <input type="checkbox"/> Sesotho <input type="checkbox"/> Tsonga <input type="checkbox"/> Other (Specify) <input type="checkbox"/>	English <input type="checkbox"/> Afrikaans <input type="checkbox"/> Zulu <input type="checkbox"/> Sesotho <input type="checkbox"/> Tsonga <input type="checkbox"/> Other (Specify) <input type="checkbox"/>	
Ethnic Group (Compulsory)*	African <input type="checkbox"/> White <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> Other (Specify) <input type="checkbox"/>	African <input type="checkbox"/> White <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> Other (Specify) <input type="checkbox"/>	
Educational Level	None <input type="checkbox"/> Junior Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Matric <input type="checkbox"/> Post Graduate <input type="checkbox"/>	None <input type="checkbox"/> Junior Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Matric <input type="checkbox"/> Post Graduate <input type="checkbox"/>	
Marital status	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	
Type of Marital Regime	COP <input type="checkbox"/> ANC <input type="checkbox"/> Out of COP <input type="checkbox"/>	COP <input type="checkbox"/> ANC <input type="checkbox"/> Out of COP <input type="checkbox"/>	
Residential Status	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	
Registered Tax/SITE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Retirement Date			

*NOTE: Educational level, language and race information is required to assist the Government in monitoring lending practices in terms of the Home Loans and Mortgage Disclosure Act. 2000.

Current Residential Address

Applicant		Co-Applicant	
Street Name & Number			
Suburb			
City			

Postal Address

Applicant		Co-Applicant	

Address where Funds will be used			
Applicant		Co-Applicant	
Building Address same as current residential address Yes <input type="checkbox"/> No <input type="checkbox"/>		Building Address same as current residential address Yes <input type="checkbox"/> No <input type="checkbox"/>	
Postal Address			

Contact Details			
Applicant		Co-Applicant	
Cellphone Number			
Home Telephone Number			
Email Address			
Preferred Contact Time*	08:00-12:00 <input type="checkbox"/> 12:00-14:00 <input type="checkbox"/> 14:00-17:00 <input type="checkbox"/> 17:00-18:00 <input type="checkbox"/>	08:00-12:00 <input type="checkbox"/> 12:00-14:00 <input type="checkbox"/> 14:00-17:00 <input type="checkbox"/> 17:00-18:00 <input type="checkbox"/>	
Fax Number			
Work Telephone Number			

PLEASE NOTE a consultant will make an effort to contact you during your preferred time.

SECTION 2						
Income						
Applicant			Co-Applicant			
Monthly Gross Income	R			R		
Monthly net Income	R			R		
Salary Frequency	Weekly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>	Monthly <input type="checkbox"/>
Overdraft Monthly Repayment	R			R		
Expenses						
Housekeeping (groceries, garden services and domestic etc.)	R			R		
Water & Electricity	R			R		
Levy/ Rates & Taxes	R			R		
Fuel & Vehicle maintenance/transport	R			R		
Insurance Car & Household	R			R		
Life Policies	R			R		
Education	R			R		
School/ University	R			R		
Other	R			R		
	R			R		
	R			R		
	R			R		

SECTION 3		
Particulars of Employer (please tick where applicable)		
	Applicant	Co-Applicant
Employee Name		
Employee Number		
Job Title		
Site/Division		
Employment Contract Type	Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Commission <input type="checkbox"/> <input type="checkbox"/> Contractor <input type="checkbox"/>	Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Commission <input type="checkbox"/> <input type="checkbox"/> Contractor <input type="checkbox"/>

HR Consultant Names(s) and Surname	
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SECTION 4

Particulars of Fund

Name of Fund	
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SECTION 5

Particulars of the Loan

Loan Amount Required		Loan Term(Months)	
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SECTION 6

Banking Details(please tick where applicable)

	Applicant		Co-Applicant			
Existing FNB Customer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Name of Bank		Account Name		Account Name		
Account Number		Branch Code		Branch Code		
Type of Account	Cheque/Current <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/>	Cheque/Current <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/>

PLEASE NOTE that the loan, if approved, will be paid out in this income account.

SECTION 7

Spouse's Details		Friend	
Surname			
First Name(s)			
Work Telephone Number			
Cellphone Number			

Customer Protection Plan (CPP) (if applicable)

The Customer Protection Plan protects our loved ones in the event that one of the following instances occur:

- Death
- Temporary disability
- Permanent disability
- Unemployed or unable to earn an income

These benefits are dependent on the agreement between FNB and your employer. Please confirm which benefits are applicable to you with your HR representative.

I choose FNB's Customer Protection Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I choose to cede my own insurance policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Kindly send your completed application form together with the following documents:

Please note - if married in community of property (COP) all documentation is required for both parties

- Certified South African green bar coded identity document or Smart ID Card*
- Latest payslips (4 consecutive for weekly paid, 2 consecutive fortnightly paid, 1 for monthly paid)*
- Valid Building quotation or Offer to Purchase (not older than 1 month)
- Latest proof of residence (not older than three months)
- Latest 3 months stamped bank statement (if not banking with FNB)*
- A settlement letter if an existing pension backed housing loan with another institution is being switched or if you want to settle your bond
- Latest fund benefit statement

Kindly email the completed form and above-mentioned supporting documents to smarthousingplandocs@fnb.co.za or fax to (011) 438 8038.

For any queries please contact our Help Desk on 0860 762 278.

SECTION 8

1. Credit Record (s)

1.1. I/We consent and authorise the Lender to obtain from and transmit to the credit bureaus all data relating to my/our credit profile and verify my/our income with a third party service provider, in order for the Lender to perform its credit assessment relating to this application	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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2. Declaration

2.1 Where I do have personal email address, or cannot otherwise receive my loan documentation (containing my personal - loan information), I consent to the bank emailing my loan documentation to the email address reflected on this Loan Application Form. It is my understanding that the email address will be that of my employer and that I will collect my loan documentation from my employer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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2.2 I/We have provided the information required in this application and supporting documents willingly for the purposes of assessing my/our application		
2.3 All the information provided by me/us to the Lender is true and correct and I/we have not withheld any information which would adversely affect the decision of the Lender to grant the loan amount.		
2.4 By providing the Lender with incorrect or false information may result in me/us being denied the protection offered by the National Credit Act, No. 34 of 2005.		
2.5 I/We have not applied for debt review in terms of the National Credit Act 34 of 2005 and I am/we are not subject to an existing administration order issued by a competent court for the management of my/our debts.		
2.6 I am required to pay tax in a country other than RSA	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.7 I am required in terms of applicable foreign law to pay tax in _____ (name of foreign country) and that my tax registration number is _____.		

3. Sequestration

3.1 I/We have not applied for, nor currently under debt review or an existing administration order for the management of my/our debts.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.2 I/We do not have any provisional or final sequestration orders against me/us.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4. Personal Information

4.1 I/We consent to the Lender processing (collecting, receipting, recording, collating, retrieving, linking, using, storing, dissemination by means of transmission, distribution or making available in any other form or otherwise dealing with) his or her personal information for the purposes of providing services and products within FirstRand Bank Limited and its subsidiaries.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.2 I/We consent to the Lender transmitting all personal information provided by the Customer to OUTsurance Insurance Company Limited, OUTsurance Life Insurance Company Limited - A Member of the Rand Merchant Insurance Holdings (RMI) Group (FSP 896), FNB Life, a division of Momentum Group Limited and/or any other insurer, for purposes of offering insurance products to the Customer*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.3 I/We have permission to give any personal information of the third parties to the lender and I/We indemnify the Lender against any all losses by or claims made against it as a result of not having the required permission.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5. Marketing Consent

5.1 The FirstRand Group requests your consent so that we can inform you about our beneficial products and services. You may request us to stop marketing to you at any time. The FirstRand Privacy Policy available at www.fnb.co.za informs you how we use your information.		
5.2 I/We agree that FirstRand Bank Limited can communicate with and market products and services to me/us.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.3 Where I/We have not already provided specific consent: I/We agree that the remainder of the FirstRand Group, including its approved partners can communicate with the market products and services to me/us.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.4 Preferred communication method: The Lender may contact me/us by:		
Post	Please specify	Yes <input type="checkbox"/> No <input type="checkbox"/>
SMS	Please specify	Yes <input type="checkbox"/> No <input type="checkbox"/>
MMS	Please specify	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email	Please specify	Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone	Please specify	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cellphone	Please specify	Yes <input type="checkbox"/> No <input type="checkbox"/>

I/We confirm that I/We have read, understood and agree to be bound by the terms and conditions relating to this Pension Backed Loan application. If married in Community of Property (this includes Traditional and Muslim Rights); the below documentation is required for your spouse as the co-applicant.

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____

FNB Housing Finance

A business unit within FNB - a division of FirstRand Bank Limited (Reg. No. 1929/001225/06) An Authorised Financial Services and Credit Provider (NCRCP20). 87 Frikkie de Beer Street, Menlyn Place, Pretoria, 0181 South Africa.

Tel: 086 076 2278 Fax: (011) 438 8038