

how can we help you?



build, renovate or own a home with a **Smart Housing Plan Loan** from FNB.





PENSION BACKED LOAN – LOAN APPLICATION FORM

Application Type (please tick ✓ where applicable)

Deposit for a Home Loan	<input type="checkbox"/>	Building a Property	<input type="checkbox"/>	Renovations to a Property	<input type="checkbox"/>	Buying Land/Property	<input type="checkbox"/>
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SECTION 1

Particulars of the Applicant (please tick ✓ where applicable)

Are You Under/ have Applied for Administration by the Court?	Yes <input type="checkbox"/>	No <input type="checkbox"/>					Have You Applied for or Been Declared Insolvent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																							
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Dr <input type="checkbox"/>	Prof <input type="checkbox"/>	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>																								
Surname						Maiden Name																										
Full Names						Known As																										
ID Number	Y	Y	Y	Y	M	M	D	D													ID Type	RSA <input type="checkbox"/>	Other <input type="checkbox"/>	Birth Date	Y	Y	Y	Y	M	M	D	D
Country of Birth						Registration Tax Number																										

Current Residential Address

Street Name & Number			
Suburb	City	(CODE)	

Postal Address

Postal Address Same as Current Residential Address?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If not, please provide
Street Name & Number	Suburb		
P.O. Box Number	City	(CODE)	

Address where Funds will be Used

Building Address Same as Current Residential Address?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Suburb	
Street Name & Number	City	(CODE)		

Contact Details

Cellphone Number	(CODE)	Fax Number	(CODE)	
Home Telephone Number	(CODE)	Work Telephone Number	(CODE)	
Email Address				
Preferred Time*	8:00am - 12:00 <input type="checkbox"/>	12:00pm - 2:00pm <input type="checkbox"/>	2:00pm - 5:00pm <input type="checkbox"/>	5:00 - 6:00pm <input type="checkbox"/>

*PLEASENOTE a consultant will make an effort to contact you during your preferred time.

SECTION 2

Particulars of Income and Expenses (please tick ✓ where applicable)

Monthly Gross Income	R	Living Expenses (Food; Transport; Rates; Water & Electricity; Entertainment & Other Household Expenses)	R	
Monthly Net Income	R		R	
Overdraft Monthly Repayment	R		R	
Salary Frequency	Weekly <input type="checkbox"/>		Fortnightly <input type="checkbox"/>	Monthly <input type="checkbox"/>



SECTION 9

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
- Permanent disability
- Dread diseases
- Temporary disability
- Retrenchment

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

Customer Protection Plan including Gap Cover.

You have the option to choose Customer Protection Plan cover with or without Gap Cover. Were the Gap Cover option is taken up, the outstanding balance of the loan will be settled and the difference between the loan balance and original loan amount will be paid out to you or your estate (in case of death). There is a difference in the cost of the Customer Protection Plan cover depending on the option taken.

I choose FNB's Customer Protection Plan with GAP Cover	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I choose FNB's Customer Protection Plan without GAP Cover	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:

- 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 3 months)
- Latest 3 months stamped bank statement (if not banking with FNB)

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**.

1. Credit Record(s)					
1.1	I/We acknowledge that the Lender may access my/our records with the credit reference agencies for the purpose of assessing this application	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
1.2	I/We consent and authorize the Lender to obtain from and transmit to the Credit Bureau all data relating to my/our credit profile	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2. Declaration					
2.1	Where I do have a 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"/>
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"/>



how can we help you?

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.

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