

BEFORE you start your application, please call **Old Mutual** on **0860 455 455** or email **rfamembers@oldmutual.com** to request your **QUOTATION: HOUSING SURETY** certificate.

You are not able to complete your loan application without this document.

GENERAL INSTRUCTIONS

- Complete all sections of the form using black or blue ink.
- Write in BLOCK LETTERS.
- Tick boxes, where applicable. ☒

APPLICATION FORM INSTRUCTIONS

1. Section 1 – Applicant Details: **Member Ref. No.** – see Old Mutual Quotation, **Member Reference Number**
2. Section 2 – Home Loan Details: **Requested Loan Amount** must be **equal to or less** than **Allowable Benefit Amount** – refer to Old Mutual Quotation
3. Section 6 – Property Details: Refers to the **property to which loan monies will be applied**
4. **Complete all sections** of the Application Form
5. **Submit all required supporting documents** along with your application

SUPPORTING DOCUMENTS

1. ALL APPLICANTS

PERSONAL DOCUMENTS	
ID document photo page copy (legible) - <input type="checkbox"/>	Latest payslip copy (not older than 3 months) - <input type="checkbox"/>
Bank Statement copy (not older than 3 months) - <input type="checkbox"/>	Quotation: Housing Security <input type="checkbox"/>
Proof of residence (e.g. rates statement, electricity account, utility statement) <input type="checkbox"/>	

MY LOAN IS FOR	SO I MUST SUBMIT
A bond / mortgage for a new home	Accepted Offer to Purchase – OR - <input type="checkbox"/>
	Deed of Sale – OR - <input type="checkbox"/>
	Bond Statement – AND - <input type="checkbox"/>
	Transfer Attorney's Invoice <input type="checkbox"/>
Building a new home OR renovating / improving / making addition to existing home	Confirmation of land ownership – OR - <input type="checkbox"/>
	Property title right statement <input type="checkbox"/>
	AND – Registered Builder's Contract <input type="checkbox"/>
	AND – Building Material Quotes <input type="checkbox"/>
Paying off another Pension-Backed Home Loan	Latest statement of account from current lender <input type="checkbox"/>
	AND – 6-month transaction statement from current lender <input type="checkbox"/>

- 2. MARRIED/DIVORCED/WIDOWED APPLICANTS** – under South African law, you are automatically married in community of property (married COP) unless you have signed an ante-nuptial contract (married ANC).

Marriage certificate copy <input type="checkbox"/>	Ante-nuptial contract copy (if married ANC) <input type="checkbox"/>
Traditional marriage certificate of registration <input type="checkbox"/>	Spouse ID document copy (if married COP) <input type="checkbox"/>
Divorce certificate <input type="checkbox"/>	Death Certificate <input type="checkbox"/>

After you have completed the **Application Form** and collected **all required supporting documents**, please submit them to the Administrator or the Fund (see contact details below).

ADMINISTRATOR	FUND
Fairheads Financial Services Email: loans@fairheadsfinancialservices.com Fax: 021-410-8022 Telephone: 0860-555-021	SACCAWU National Provident Fund Email: homeloans@snpf.co.za Fax: 0865-722082 Telephone: 011-706-6123

IMPORTANT CONTACT DETAILS

Please note the following important contact details

- 1 National Credit Regulator: 0860-627 627 or 0860 NCR NCR**
- 2 The National Consumer Tribunal: 0860 627 627**
- 3 The Ombudsman Responsible for Banks: 0860 800 900**
- 4 Credit Bureau: 0861-482-482 or 0861-128-364**

CREDIT PROVIDER DETAILS	LOAN ADMINISTRATOR DETAILS
SACCAWU National Provident Fund Curator: Antony Louis Mostert Principal Officer: Mbusi Manyoni The Braes, First Floor, Moraine House, 193 Bryanston Drive Bryanston 2021 P O Box 1850, Johannesburg 2000 Tel: 011 706 6123 Fax: 011 706 6243 Pension Fund Registration Number: 12/8/31217/1 SACCAWU National Provident Fund is registered with the National Credit Regulator (NCR) as a credit provider NCR Registration Number: - NCRCP9369	Fairheads Financial Services Email: loans@fairheadsfinancialservices.com Telephone: 0860-555-021 Fax: 021-410-8022 Fairheads Financial Services is a registered Financial Services Provider FSP Registered Company Name: Fairheads Financial Services (Pty) Ltd Company Registration Number: 2015/183513/07 FSP Number: 48435

1. APPLICANT DETAILS

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Cell Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
SA ID No.:	<input type="text"/>
Fund Name:	<input type="text"/>
Member Ref. No.:	<input type="text"/> (Refer to Old Mutual Quotation)

2. HOME LOAN DETAILS

*Requested Loan Amount:	<input type="text"/>	**Requested Loan Term (Years):	<input type="text"/>
** Maximum Term is 20 Years			
Employer Company Name:	<input type="text"/> (Refer to Old Mutual Quotation: Registered Name of Scheme)		
Fund Credit:	<input type="text"/> (Refer to Old Mutual Quotation: Gross Benefit Amount Available....)		
Allowable Benefit Amount:	<input type="text"/> (Refer to Old Mutual Quotation: Nett Benefit Amount Available....)		

3. PERSONAL DETAILS

Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>			
If Married:	<input type="checkbox"/> ANC Accrual <input type="checkbox"/> ANC No Accrual <input type="checkbox"/> **Community Of Property <input type="checkbox"/>			
	<input type="checkbox"/> Traditional <input type="checkbox"/> Foreign Law <input type="checkbox"/>			
** If you are Married in Community of Property, see and complete section 10.B - Spousal Consent and Signature below				
Home Language:	<input type="text"/>	No. of Dependants:	<input type="text"/>	
Physical Address:	Apartment/House No.:		Complex:	
	Street: <input type="text"/>			
	Suburb/Township:		City/Town:	
	Postal Code:		Province:	
Is your Physical Address and Postal Address the same? If YES, do not fill in Postal Address details. YES <input type="checkbox"/> NO <input type="checkbox"/>				
Postal Address:	Apartment/House/PO Box No.:		Complex:	
	Street: <input type="text"/>			
	Suburb/Township:		City/Town:	
	Postal Code:		Province:	

4. EMPLOYMENT DETAILS

Employment Status:	<input type="checkbox"/> Contract <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>			
Job Title:	<input type="text"/>			
Employee No.:	<input type="text"/>	No. of Years Employed:	<input type="text"/>	
HR Consultant:	<input type="text"/>	HR Email:	<input type="text"/>	

5. FINANCIAL DETAILS

A. APPLICANT MONTHLY INCOME

Gross Salary per Payslip: R		<input type="text"/>	
Overtime:	<input type="text"/>	Commission:	<input type="text"/>
Interest Income:	<input type="text"/>	Maintenance/Alimony (receiving):	<input type="text"/>
Car Allowance:	<input type="text"/>	Housing Subsidy:	<input type="text"/>
Rental Income:	<input type="text"/>	Other Income (please specify source/s):	<input type="text"/>
Other Income Source/s: <input type="text"/>			
TOTAL MONTHLY INCOME:			R

B. APPLICANT MONTHLY EXPENSES

Mortgage / Rent	<input type="text"/>	Municipal Rates, Taxes & Levies:	<input type="text"/>
Water & Electricity	<input type="text"/>	Phone (Landline & Cellphone):	<input type="text"/>
School Fees (incl. Crèche):	<input type="text"/>	Maintenance/Alimony (paying):	<input type="text"/>
Car Loan Instalment:	<input type="text"/>	Transport (incl. Petrol/Public Transport):	<input type="text"/>
Medical Expenses:	<input type="text"/>	Medical Insurance (if not salary deduction):	<input type="text"/>
Clothing:	<input type="text"/>	Groceries:	<input type="text"/>
Home Security:	<input type="text"/>	Household & Car Insurance Premiums:	<input type="text"/>
Personal Loan/s:	<input type="text"/>	Student Loan/s:	<input type="text"/>
Entertainment:	<input type="text"/>	Club Membership (e.g. Gym):	<input type="text"/>
Other (please give detail): <input type="text"/>			
TOTAL MONTHLY EXPENSES:			R

C. SPOUSE MONTHLY INCOME - ONLY IF MARRIED IN COP OR ANC WITH ACCRUAL

Gross Salary per Payslip: R		<input type="text"/>	
Overtime:	<input type="text"/>	Commission:	<input type="text"/>
Interest Income:	<input type="text"/>	Maintenance/Alimony (receiving):	<input type="text"/>
Car Allowance:	<input type="text"/>	Housing Subsidy:	<input type="text"/>
Rental Income:	<input type="text"/>	Other Income (please specify source/s):	<input type="text"/>
Other Income Source/s: <input type="text"/>			
TOTAL MONTHLY INCOME:			R

D. SPOUSE MONTHLY EXPENSES - ONLY IF MARRIED IN COP OR ANC WITH ACCRUAL

Mortgage / Rent	R	Municipal Rates, Taxes & Levies:	R
Water & Electricity	R	Phone (Landline & Cellphone):	R
School Fees (incl. Crèche):	R	Maintenance/Alimony (paying):	R
Car Loan Instalment:	R	Transport (incl. Petrol/Public Transport):	R
Medical Expenses:	R	Medical Insurance (if not salary deduction):	R
Clothing:	R	Groceries:	R
Home Security:	R	Household & Car Insurance Premiums:	R
Personal Loan/s:	R	Student Loan/s:	R
Entertainment:	R	Club Membership (e.g. Gym):	R
Other (please give detail):			
TOTAL MONTHLY EXPENSES:			R

E. ASSETS & LIABILITIES DETAILS**ASSETS**

Property Value (house / land):	R
Car/s Value:	R
Household Contents Value:	R

LIABILITIES

Housing Loan Balance:	R
Car/s Loan Balance:	R
Credit Card/s & Store Account Balance (total):	R

Total Assets:**Total Liabilities:****TOTAL MONTHLY INCOME:** R**6. PROPERTY DETAILS**

Reason for Loan:	Buy Existing Home	<input type="checkbox"/>	Build New Home	<input type="checkbox"/>
	Home Improvement / Maintenance	<input type="checkbox"/>	Buy Vacant Land	<input type="checkbox"/>
	Settle Existing Loan	<input type="checkbox"/>	Other (please give reason below)	<input type="checkbox"/>
	Other Reason for Home Loan:			
Loan Property Address:	Apartment/House No.:		Complex:	
	Street:			
	Suburb/Township:		City/Town:	
	Postal Code:		Province:	

7. *LOAN DISBURSEMENT BANK DETAILS

* Details of bank account/s into which loan will be paid

A. BANK ACCOUNT 1

Account Holder Name:	<input type="text"/>																								
Bank Name:	<input type="text"/>												Branch Code:	<input type="text"/>											
Bank Account Number:	<input type="text"/>																								
Bank Account Type:	Cheque/Current <input type="checkbox"/>								Savings <input type="checkbox"/>								Transmission <input type="checkbox"/>								

DISBURSEMENT AMOUNT: R

B. BANK ACCOUNT 2

Account Holder Name:	<input type="text"/>																								
Bank Name:	<input type="text"/>												Branch Code:	<input type="text"/>											
Bank Account Number:	<input type="text"/>																								
Bank Account Type:	Cheque/Current <input type="checkbox"/>								Savings <input type="checkbox"/>								Transmission <input type="checkbox"/>								

DISBURSEMENT AMOUNT: R

C. BANK ACCOUNT 3

Account Holder Name:	<input type="text"/>																								
Bank Name:	<input type="text"/>												Branch Code:	<input type="text"/>											
Bank Account Number:	<input type="text"/>																								
Bank Account Type:	Cheque/Current <input type="checkbox"/>								Savings <input type="checkbox"/>								Transmission <input type="checkbox"/>								

DISBURSEMENT AMOUNT: R

D. BANK ACCOUNT 4

Account Holder Name:	<input type="text"/>																								
Bank Name:	<input type="text"/>												Branch Code:	<input type="text"/>											
Bank Account Number:	<input type="text"/>																								
Bank Account Type:	Cheque/Current <input type="checkbox"/>								Savings <input type="checkbox"/>								Transmission <input type="checkbox"/>								

DISBURSEMENT AMOUNT: R

E. BANK ACCOUNT 5

Account Holder Name:	<input type="text"/>																								
Bank Name:	<input type="text"/>												Branch Code:	<input type="text"/>											
Bank Account Number:	<input type="text"/>																								
Bank Account Type:	Cheque/Current <input type="checkbox"/>								Savings <input type="checkbox"/>								Transmission <input type="checkbox"/>								

DISBURSEMENT AMOUNT: R

If you have more than 4 bank accounts into which the loan must be paid, please write the details on a separate piece of paper and submit along with this application.
Take care to include all details in the same order as above. Please write using BLOCK LETTERS (all capitals).

8. PERMISSIONS

- | | | |
|---|------------------------------|-----------------------------|
| 1. I/We the undersigned certify that all the information provided to The SACCAWU National Provident Fund ("the Lender"), NCR Registration Number NCRCP9369, is true and correct, and that I/we have not withheld any information which would affect the decision of the Lender. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. I/We acknowledge that 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, if applicable. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. I/We certify that I/we am/are not under debt review or an administration order. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. I/We acknowledge that the payout of funds cannot be processed until all the account holders have been identified in terms of FICA requirements. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

9. CONSENT

- | | | |
|---|------------------------------|-----------------------------|
| 1. I/We consent to the Lender processing (collecting, using, storing or otherwise dealing with) my/our personal information for the purposes of providing products and services. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. I/We consent to the Lender and Administrator sending confidential and financial information to the email address I/we have supplied. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. I/We consent and authorise the Lender and Administrator to | | |
| - obtain from any credit bureau all personal information relating to my/our credit profile; | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - transmit all relevant personal information provided by me/us to Old Mutual Life Assurance Company Limited, for the purpose of offering insurance products to me/us, relating to this application; | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - transmit to any credit bureau all personal information relating to this application, the entering into and termination of any agreement as permitted in terms of the National Credit Act; | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - contact my current or prospective employer to confirm my/our continued employment; and | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - finance the loan Establishment Fee. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. I/We consent to the deductions in terms of Section 34(1) (a) of the Basic Conditions of Employment Act 75 of 1997, that my employer can deduct the loan instalments from my salary. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

10. DECLARATION

I/We declare that any amount in excess of the quote/s provided will be used solely to cover costs associated with the purpose for which this home loan is being requested. I understand that if the discretionary amount exceeds the greater of either R1000.00 or 5% of the value of the quote/s, this loan application will be declined.

11. SIGNATURE

A. LOAN APPLICANT SIGNATURE

Applicant Full Name

Applicant Signature

Signed At

On This Day (DD/Month/Year)

B. SPOUSAL CONSENT AND SIGNATURE

Please complete **ONLY** if you are **Married in Community of Property or Married ANC with Accrual**

Spouse's First Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Spouse's Last Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Spouse's Cell Phone Number:

				-					-				
--	--	--	--	---	--	--	--	--	---	--	--	--	--

Spouse's Email Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Spouse's SA ID No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--

By signing below, I consent to my spouse applying for this loan and agree to the terms of the clauses in **sections 8 (Permissions) and 9 (Consent)** of this application form.

Spouse Full Name

Spouse Signature

Signed At

On This Day (DD/Month/Year)

CREDIT PROVIDER DETAILS

SACCAWU National Provident Fund

Curator: Antony Louis Mostert **Principal Officer:** Mbusi Manyoni

The Braes, First Floor, Moraine House, 193 Bryanston Drive,
Bryanston 2021

P O Box 1850, Johannesburg 2000

Tel: 011 706 6123 **Fax:** 011 706 6243

Pension Fund Registration Number: 12/8/31217/1

SACCAWU National Provident Fund is registered with the National
Credit Regulator (NCR) as a credit provider

NCR Registration Number: - NCRCP9369

LOAN ADMINISTRATOR DETAILS

Fairheads Financial Services

Email: loans@fairheadsfinancialservices.com

15th Floor, 2 Long Street, Cape Town, 8001

Telephone: 0860-555-021 **Fax:** 021-410-8022

Fairheads Financial Services is a registered Financial Services Provider

FSP Registered Company Name: Fairheads Financial Services (Pty) Ltd

Company Registration Number: 2015/183513/07

FSP Number: 48435