



New Loan Further Loan Qualified Buyer's Certificate

Section A: Personal details **Primary Applicant** **Co-applicant** **Surety**

	Primary Applicant	Co-applicant <input type="checkbox"/>		Surety <input type="checkbox"/>
Title	<input type="text"/>	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
First Name/s	<input type="text"/>	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Surname	<input type="text"/>	<input type="text"/>		
Date of birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>		
ID Type	<input type="text"/>	<input type="text"/>		
Refugee ID card number	<input type="text"/>	<input type="text"/>		
(dd/mm/yyyy)	<input type="text"/>	<input type="text"/>		
If passport, country of issue	<input type="text"/>	<input type="text"/>		
SA Citizen	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Nationality	<input type="text"/>	<input type="text"/>		
City of birth	<input type="text"/>	<input type="text"/>		
Country of birth	<input type="text"/>	<input type="text"/>		
SA Permanent resident	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you a temporary resident of SA?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Permit type	Permanent <input type="checkbox"/> Study <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/>	Permanent <input type="checkbox"/> Study <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/>		
Permit number	<input type="text"/> Permit Expiry Date (dd/mm/yyyy) <input type="text"/>	<input type="text"/> Permit Expiry Date (dd/mm/yyyy) <input type="text"/>		
Marital status	Single <input type="checkbox"/> Married COP <input type="checkbox"/> Married ANC <input type="checkbox"/> Divorced <input type="checkbox"/> Other <input type="checkbox"/>	Single <input type="checkbox"/> Married COP <input type="checkbox"/> Married ANC <input type="checkbox"/> Divorced <input type="checkbox"/> Other <input type="checkbox"/>		
If married ANC, register in both names	Yes <input type="checkbox"/> No <input type="checkbox"/> No. of dependants <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> No. of dependants <input type="text"/>		
If married, country of marriage	<input type="text"/>	<input type="text"/>		
Ethnic Group <small>We are required to request this in terms of the Home Loan and Mortgages Disclosure Act, 2000.</small>	Asian <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> White <input type="checkbox"/>	Asian <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> White <input type="checkbox"/>		
SA Income tax number	<input type="text"/>	<input type="text"/>		
If tax number unavailable	No tax number available <input type="checkbox"/> No tax number issued <input type="checkbox"/>	No tax number available <input type="checkbox"/> No tax number issued <input type="checkbox"/>		
Do you file any tax returns outside of SA?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If so, country and tax number	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
Current residential status	Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other <input type="checkbox"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other <input type="checkbox"/>		
Are you a first time home buyer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Will this property be your main residence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Highest level of education	<input type="text"/>	<input type="text"/>		
Do you currently smoke, or have you smoked in the last 12 months any form of tobacco or e-cigarettes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Are you a public official in a position of authority?

Yes No

Yes No

Are you related to or associated with a public official in a position of authority?

Yes No

Yes No

What is the nature of the relationship or association?

Name and surname of public official in a position of authority that you are related or associated with.

Section B: Contact Details

Primary Applicant

Co-applicant / Surety

Home number

Cellphone number

Work number

E-mail address

Fax number

Home language

Language for correspondence

Residential Address

Street

Same as primary applicant Yes No

Suburb

City

 Postal code Postal code

Country

Length at current address

Years Months

Years Months

Postal Address

Same as residential address?

Yes No

Yes No

Street / PO Box

Suburb

City

 Postal code Postal code

Country

Legal notice delivery method

Hand delivered Registered mail

Hand delivered Registered mail

Contact and Address Details for Future Legal Correspondence (Only to be completed if different to postal address)

Street / PO Box

Suburb

City

 Postal code Postal code

Country

Section C: Employment Details

Primary Applicant

Co-applicant / Surety

Occupation Status

- Full-time employed
- Self-employed
- Home Executive
- Pensioner
- Part-time employed
- Temporary employed
- Unemployed

Occupation Status

- Full-time employed
- Self-employed
- Home Executive
- Pensioner
- Part-time employed
- Temporary employed
- Unemployed

Occupational Level

- Senior Management
- Management
- Supervisor
- Skilled worker
- Semi-skilled
- Unskilled
- Junior position

Occupational level

- Senior Management
- Management
- Supervisor
- Skilled worker
- Semi-skilled
- Unskilled
- Junior position

Employment Details (Employed Only)

Nature of occupation

Company registration no

Employee number

Employment Period Years Months

Street

Suburb

City

Country

Postal code

Percentage of income derived from own business (if any)

Are you a shareholder of your employer's business? Yes No

Percentage shareholding (if yes)

Do you work in South Africa? Yes No

Does this purchase coincide with a job change? Yes No

Were you previously employed? Yes No

Nature of occupation

Company registration no

Employee number

Employment Period Years Months

Street

Suburb

City

Country

Postal code

Percentage of income derived from own business (if any)

Are you a shareholder of your employer's business? Yes No

Percentage shareholding (if yes)

Do you work in South Africa? Yes No

Does this purchase coincide with a job change? Yes No

Were you previously employed? Yes No

Previous Employment Details (Two Most Recent) Primary Applicant

Co-applicant / Surety

Previous employer

Duration Years Months

Previous employer

Duration Years Months

Years Months

Years Months

Section D: Credit History	Primary Applicant	Co-applicant / Surety
Are you currently under Administration?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you ever under Administration?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has a judgement ever been taken against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently under debt review?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Debt counsellor name	<input type="text"/>	<input type="text"/>
Debt counsellor phone number	<input type="text"/>	<input type="text"/>
Are you currently under any debt re-arrangement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been declared insolvent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of insolvency (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>
If rehabilitated, date (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>
Are you aware of any adverse credit listings?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, specify	<input type="text"/>	<input type="text"/>
Are you currently in a credit bureau dispute?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Existing Suretyships	Primary Applicant	Co-applicant / Surety
Are you bound by any surety agreements?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, specify amount*	<input type="text"/>	<input type="text"/>
Are you currently paying this account?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Monthly Instalment	<input type="text"/>	<input type="text"/>
Details of suretyship	<input type="text"/>	<input type="text"/>
Will you be settling this account/debt?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
New Instalment (only capture if Instalment / payment will be reduced)	<input type="text"/>	<input type="text"/>
Surety in favour of	<input type="text"/>	<input type="text"/>
* If bound by multiple surety agreements then combine the values.		

Section E: Loan Details	
Erf number / Section number	<input type="text"/>
Street / Complex	<input type="text"/>
Suburb	<input type="text"/>
	R <input type="text"/>
Amount to be registered	R <input type="text"/>
Monthly instalment type	Debit Order <input type="checkbox"/> Direct from salary <input type="checkbox"/>
Preferred debit order date	<input type="text"/>

Section F: Monthly Income, Deductions and Expenses

Monthly Income	Primary Applicant	Co-applicant / Surety	Primary Applicant	Co-applicant / Surety
Gross salary	R <input type="text"/>	R <input type="text"/>	Entertainment allowance	R <input type="text"/>
Average commission	R <input type="text"/>	R <input type="text"/>	Income from aureties	R <input type="text"/>
Investment income	R <input type="text"/>	R <input type="text"/>	Housing subsidy	R <input type="text"/>
Rental income	R <input type="text"/>	R <input type="text"/>	Maintenance/ alimony	R <input type="text"/>
Car allowance	R <input type="text"/>	R <input type="text"/>	Average overtime (past 6 months)	R <input type="text"/>
Travel allowance	R <input type="text"/>	R <input type="text"/>		
Other income description		R <input type="text"/>	Co-applicant / Surety	
Other income description		R <input type="text"/>	R <input type="text"/>	
Total income		R <input type="text"/>	Total income	
		R <input type="text"/>	R <input type="text"/>	

Monthly Deductions	Primary Applicant	Co-applicant / Surety	Primary Applicant	Co-applicant / Surety
Tax (PAYE/SITE)	R <input type="text"/>	R <input type="text"/>	UIF	R <input type="text"/>
Pension	R <input type="text"/>	R <input type="text"/>	Medical Aid	R <input type="text"/>
Other deductions description		R <input type="text"/>	Co-applicant / Surety	
Other deductions description		R <input type="text"/>	R <input type="text"/>	
Total deductions		R <input type="text"/>	Total deductions	
		R <input type="text"/>	R <input type="text"/>	
		Income after deductions		
		R <input type="text"/>	R <input type="text"/>	

Monthly Expenses	Primary Applicant	Co-applicant / Surety	Primary Applicant	Co-applicant / Surety
Rental (only if ongoing)	R <input type="text"/>	R <input type="text"/>	Transport, petrol and car maintenance	R <input type="text"/>
Maintenance / Alimony	R <input type="text"/>	R <input type="text"/>	Education	R <input type="text"/>
Rates and taxes / Levies	R <input type="text"/>	R <input type="text"/>	Medical (excl. medical aid salary deductions)	R <input type="text"/>
Water and electricity	R <input type="text"/>	R <input type="text"/>	Cellphone / internet (if not on contract)	R <input type="text"/>
Assurance (life, retirement annuities, insurance and funeral policies)	R <input type="text"/>	R <input type="text"/>	M-Net, DSTV and TV	R <input type="text"/>
Groceries	R <input type="text"/>	R <input type="text"/>	Security	R <input type="text"/>
Other expenses description		R <input type="text"/>	Co-applicant / Surety	
Other expenses description		R <input type="text"/>	R <input type="text"/>	
Other expenses description		R <input type="text"/>	R <input type="text"/>	

Total expenses	<input type="text"/>	Net surplus income / deficit	<input type="text"/>	Total expenses	<input type="text"/>	Net surplus income / deficit	<input type="text"/>
-----------------------	----------------------	-------------------------------------	----------------------	-----------------------	----------------------	-------------------------------------	----------------------

Signed Primary applicant	<input type="text"/>	Signed Co-applicant / Surety	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>

Section G: Primary Transactional Bank Account Details And Contractual Expenses

Primary Applicant

Co-applicant / Surety

Bank / Financial Institution

Branch

Account type (only cheque or savings)

Account holder name

Is this account in the name of the Legal Entity? Yes No

Business bank account? Yes No

Account number

Balance Debit (-) Credit (+)

Bank / Financial Institution

Branch

Account type (only cheque or savings)

Account holder name

Is this account in the name of the Legal Entity? Yes No

business bank account? Yes No

Account number

Balance Debit (-) Credit (+)

For FNB, RMB and Standard Bank Primary Banked Customers Only: Your Bank has requested the opportunity to consider your home loan application first for a period of time. I consent to this arrangement: Yes No

Home Loans

Primary Applicant

Co-applicant / Surety

	Account 1	Account 2
Bank / Financial Institution	<input type="text"/>	<input type="text"/>
Branch	<input type="text"/>	<input type="text"/>
Account holder name	<input type="text"/>	<input type="text"/>
Outstanding balance	<input type="text"/>	<input type="text"/>
Monthly installment/ Minimum payment	<input type="text"/>	<input type="text"/>
Are you selling the existing property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
New installment (if reduced)	<input type="text"/>	<input type="text"/>

	Account 1	Account 2
Bank / Financial Institution	<input type="text"/>	<input type="text"/>
Branch	<input type="text"/>	<input type="text"/>
Account holder name	<input type="text"/>	<input type="text"/>
Outstanding balance	<input type="text"/>	<input type="text"/>
Monthly installment/ Minimum payment	<input type="text"/>	<input type="text"/>
Are you selling the existing property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
New installment (if reduced)	<input type="text"/>	<input type="text"/>

Other Bank / Finance Account Details (eg. credit cards, vehicle finance, personal loans) - Primary Applicant

Bank / Financial Institution	Account type	Current Balance	Monthly Payment	Will this account be settled?	Is this a Business account?	Is this a Legal Entity account?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Co-applicant / Surety

Bank / Financial Institution	Account type	Current Balance	Monthly Payment	Will this account be settled?	Is this a Business account?	Is this a Legal Entity account?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Retail Accounts

Primary Applicant

Co-applicant / Surety

Name of Retail Store	Current Balance	Monthly Payment	Will this account be settled?
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of Retail Store	Current Balance	Monthly Payment	Will this account be settled?
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section H: Assets & Liabilities			Primary Applicant			Co-applicant / Surety		
	Market Value	Liabilities		Market Value	Liabilities		Market Value	Liabilities
Fixed property	R <input type="text"/>	R <input type="text"/>		R <input type="text"/>	R <input type="text"/>		R <input type="text"/>	R <input type="text"/>
Vehicles	R <input type="text"/>	R <input type="text"/>		R <input type="text"/>	R <input type="text"/>		R <input type="text"/>	R <input type="text"/>
Investments	R <input type="text"/>	R <input type="text"/>		R <input type="text"/>	R <input type="text"/>		R <input type="text"/>	R <input type="text"/>
Furniture & fittings	R <input type="text"/>	R <input type="text"/>		R <input type="text"/>	R <input type="text"/>		R <input type="text"/>	R <input type="text"/>
Description	Market Value	Liabilities	Description	Market Value	Liabilities			
Other assets / liabilities			Other assets / liabilities					
<input type="text"/>	R <input type="text"/>	R <input type="text"/>	<input type="text"/>	R <input type="text"/>	R <input type="text"/>			
<input type="text"/>	R <input type="text"/>	R <input type="text"/>	<input type="text"/>	R <input type="text"/>	R <input type="text"/>			
<input type="text"/>	R <input type="text"/>	R <input type="text"/>	<input type="text"/>	R <input type="text"/>	R <input type="text"/>			
<input type="text"/>	R <input type="text"/>	R <input type="text"/>	<input type="text"/>	R <input type="text"/>	R <input type="text"/>			
Total Assets / Liabilities	Total Liabilities	Net Asset Value	Total Assets / Liabilities	Total Liabilities	Net Asset Value			
Total Assets R <input type="text"/>	R <input type="text"/>	R <input type="text"/>	Total Assets R <input type="text"/>	R <input type="text"/>	R <input type="text"/>			

Section I: Declarations and Consents

I/We, the undersigned,

- a) Consent to ooba making application for home loan finance on my/our behalf.
- b) Acknowledge that personal, financial and other information is furnished to ooba for the purposes of making application for home loan finance and are aware that I/we are required to furnish all such information truthfully and fully.
- c) Consent to ooba receiving all communication from the bank/s (including the quotation) pertaining to my/our home loan application. I/We consent to ooba issuing the estate agent with a copy of the quotation.
- d) Consent to ooba & third parties, including banks, making enquiries to credit bureaux when assessing my/our home loan application for finance.
- e) Hold no other citizenships and residence for local and international tax purposes, other than those disclosed in this application form and will inform the lender in writing of any change of this status within 30 days of the change of status.
- f) Consent to Standard Bank, ABSA and Nedbank electronically retrieving my/our bank statements.
- g) Do hereby appoint ("our Representative at ooba")

to be my/our lawful representative and agent in my/ our name, place and stead and to obtain a copy of my/our personal credit reports ("PCR") from Experian South Africa (Pty) Ltd. The PCR is to be used solely for the purpose of providing me/us with advice or assistance with managing my/our credit, by having reference to the content of my/our PCR. I/We consent to Experian releasing a copy of my/our PCR to my/our Representative and to my/ our Representative having sight of the content of my/our PCR for the above purpose.

<p>Signed <input type="text"/></p> <p>Primary applicant</p> <p>Date <input type="text"/> (dd/mm/yyyy)</p>	<p>Signed <input type="text"/></p> <p>Co-applicant / Surety</p> <p>Date <input type="text"/> (dd/mm/yyyy)</p>
---	---