

INDIVIDUAL APPLICATION FOR PROPERTY

Applicant Type																										
<input type="checkbox"/> Individual Applicant	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Surety																								
Applicant Details																										
Title:	Initials:	First Name:	Surname:																							
Middle Name:		Gender (Please tick): <input type="checkbox"/> Male <input type="checkbox"/> Female																								
Race (<i>For statistical purposes only</i>) (Please tick appropriate box) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Coloured																										
Date of Birth:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Country of Birth:	Nationality:															
D	D	M	M	Y	Y	Y	Y																			
SA Identity Number: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																										
Income Tax Number: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																										
Residential Address:			How Long at Current Address:																							
Nature of Residence (Owner, Tenant, Staying with Spouse/Parent):																										
Unit/Flat Number:	Complex/Flat Name:		Street Number and Name:																							
Suburb/Township:	Town/City:	Province:	Postal Code:																							
District Municipality:		Local Municipality:																								
Postal Address (If different to residential address) PO Box Number:			Suburb/Township:																							
Town/City:	Province:		Postal Code:																							
Contact Details: Telephone (Home): ()		Telephone (Work): ()	Cell Phone:																							
Facsimile: ()		Email Address:	How best can we contact you?																							
Please supply us with the latest financial statements of your business																										
Trading Name of Business if Sole Proprietor:		Business Address:																								
VAT Registration Number: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																										
Relative's Details (Closest relative in SA not living with you)																										
Relationship:		Contact Number:																								
First Name:		Surname:																								
Profile Information																										
Marital Status (Please tick appropriate box) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed																										
Marital Contract Type (Please tick appropriate box) <input type="checkbox"/> COP <input type="checkbox"/> ANC including accrual <input type="checkbox"/> ANC excluding accrual <input type="checkbox"/> Islamic/Other																										
Date Married under South African Law:																										
Number of Dependants:		Ages:																								
Spouse's Details:																										
First Name:		Surname:	Middle Name:																							
Date of Birth:		Country of Birth:	Nationality:																							
SA Passport Number (If ID not available) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																										
Employment Details																										
Educational Qualifications:		Type of Industry:																								
Occupation Type (Please tick appropriate box) <input type="checkbox"/> Full-time Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Housewife <input type="checkbox"/> Part-time Employee																										
<input type="checkbox"/> Member of Parliament <input type="checkbox"/> Student <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Pensioner <input type="checkbox"/> Other* Please Specify:																										
Occupation:		Business Activity:																								
Name of Employer:		Period of Employment:																								
Address of Employer:		Telephone: ()																								
Monthly Remuneration (<i>Please supply proof of current monthly remuneration and any additional income</i>):																										
Previous Employer:		Telephone: ()																								
Period of Employment with Previous Employer:																										
Banking Details																										
Name of Institution:		Branch Name:	Branch Code:																							
Type of Account: <input type="checkbox"/> Cheque <input type="checkbox"/> Transmission <input type="checkbox"/> Savings	Name of Account Holder:																									
Account Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																Date Account Opened <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>			D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																			
Home Ownership Details																										
Do you own Property? <input type="checkbox"/> (If Yes) In your Name? <input type="checkbox"/> Joint Name* <input type="checkbox"/> Other*																										
Yes <input type="checkbox"/> No <input type="checkbox"/> *Please Specify:																										
If Rented Please Provide Landlord's Details: Name: Landlord's Telephone Number ()																										

Transaction Details - Property			
Reason for Finance	<input type="checkbox"/> Purchase of Property	<input type="checkbox"/> Development of Property	<input type="checkbox"/> Purchase of Equity
Type of Property	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Residential
Title Deed Description:			
Street Address:			
Suburb/Township:	Town/City:	Province:	Postal Code:
District Municipality:		Local Municipality:	
Seller:		Telephone Number: ()	
Is the seller in any way related to the applicant, applicant shareholders, directors, members, trustees of a trust or beneficiary of a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, please provide details:			
Description:			
Area of Land (m ²):		Building (m ²):	
Seller's Agent:		Expiry date of offer/option:	
Purpose for which property is required: <input type="checkbox"/> Own Occupation <input type="checkbox"/> Letting			
Purchase Price:		Deposit:	
Finance Required:		Terms of Finance:	
Gross Monthly Rental Income:		Gross Monthly Expenses:	
Name of Transferring Attorney:		Contact Number of Transferring Attorney: ()	
Insurance Details			
Existing/Proposed/Insurance Company/Broker Name:		Contact Person:	Contact Number: ()
Security			
Please furnish details in respect of assets or guarantors which you can offer as additional security for the credit request.			
Type		Value	
Any further information relevant to your application should be attached.			
Marketing Options			
A.	I would like to be included in any Telemarketing Campaign.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B.	I would like to be included in any Marketing List that you may distribute.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C.	I would like to be included in any mass distribution of Emails or SMS messages.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D.	I would like to be informed about the services or products of any other company associated with Al Baraka Bank and such company may contact me directly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Declaration and Warranties			
I confirm that:-			
A.	I am not a minor.		
B.	I have never been declared mentally unfit by a court.		
C.	I am not subject to an Administration Order.		
D.	I do not have any current application pending for debt restructuring or alleviation.		
E.	I do not have any current debt re-arrangement.		
F.	I have not previously applied for a debt re-arrangement.		
G.	I am not under sequestration.		
H.	I do not have applications pending for credit, nor open quotations as envisaged in section 92 of the National Credit Act.		
If any of the above is incorrect, state which and give details:			
1.	I warrant that all information given to Albaraka Bank Limited by me in terms of this application or otherwise is true, accurate and complete in every aspect and I agree that such information shall constitute prima facie proof of the facts contained therein. I undertake to notify Al Baraka Bank of any changes to information provided by me to Al Baraka Bank whether in terms of this application or otherwise.		
2.	I acknowledge that Al Baraka Bank will rely on the information provided by me in order to perform a credit assessment as required in terms of the National Credit Act 2005.		
3.	I consent to Al Baraka Bank verifying the information contained in this application and/or any other information furnished by me to Al Baraka Bank and generally making whatever enquiries it deems necessary from any source whatsoever.		
4.	Al Baraka Bank shall be entitled to furnish any information and/or documentation in relation to any accounts, including my compliance with the conditions thereof, to any entity within the Al Baraka Banking Group, any bank, surety and any credit bureau and the National Credit Regulator as required by law.		
5.	I hereby declare and warrant that I have complied with all applicable legislation and regulations governing all my activities and I shall continue to ensure compliance with all such legislation and regulations.		
6.	I recognise and understand that Al Baraka Bank is an accountable institution for the purpose of the Financial Intelligence Centre Act 38 of 2001 (FICA) and the regulations issued in terms thereof and, accordingly, I agree to provide such information or documentation as Al Baraka Bank may require.		
7.	If my application is successful, I agree that the facility granted to me by Al Baraka Bank will only be available to me once I have signed the relevant agreement and once all conditions of the agreement have been fulfilled.		
8.	I promise, if my application is successful, to purchase the goods described in the invoice from Albaraka Bank Limited on a Murabaha basis after the first sale is concluded.		
Signature of Applicant:		Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Signature of Spouse (If married in COP):		Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

STATEMENT OF ASSETS AND LIABILITIES (LOCAL/FOREIGN)

APPLICANT: _____				DATE: DD / MM / YYYY _____	
Marital: <input type="checkbox"/> COP		<input type="checkbox"/> ANC		<input type="checkbox"/> ISLAMIC	
Status: <input type="checkbox"/> SINGLE		<input type="checkbox"/> DIVORCED		<input type="checkbox"/> OTHER	
ASSETS					
FIXED PROPERTY				LOCAL	FOREIGN
Suburb	Stand Number	Type of Dwelling	Date Purchased		
OTHER MOVEABLE ASSETS (Eg.Vehicles, Furniture)					
INVESTMENTS/LISTED SHARES/SHARES IN LISTED COMPANIES/LOAN ACCOUNTS IN PRIVATE COMPANIES/ MEMBERS INTEREST IN CLOSE CORPORATIONS/LOAN ACCOUNTS IN CLOSE CORPORATIONS/UNIT TRUSTS					
Type of Investment/Share		Where Held			
BANK BALANCES					
Type (Eg. Savings, Fixed Deposit, Current Account, Etc)		Financial Institution			
LIFE/RETIREMENT POLICIES				SURRENDERVALUE	
Name of Company	Cover (RA, Life, Etc)	Amount	Maturity Date		
		R			
		R			
		R			
TOTAL ASSETS					
LIABILITIES					
FIXED PROPERTY				LOCAL	FOREIGN
Suburb	Stand Number	Bond Holder/Seller	Monthly Repayments	OUTSTANDING BALANCE	
INSTALMENT SALES (HP's)/LEASES					
Finance Co	Type of Assets	Monthly Repayments	Final Repayment Date		
BANK OVERDRAFTS/LOANS/ACCOUNTS/CREDIT CARD ACCOUNTS					
Type of Facility	Institution	Monthly Instalments	Credit Facility		
CONTINGENT LIABILITIES (Eg. Guarantees, Suretyships, Notarial Bonds) State Beneficiary and Institution					
TOTAL LIABILITIES					
SURPLUS					
If insufficient space provided, kindly submit additional information as attachments. I hereby declare that this is a full, true and correct statement of my position and my assets are not encumbered other than as stated above.					
DATED AT _____ THIS _____ DAY OF _____, 20____ SIGNATURE: _____					