



how can we help you?

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



how can we help you?

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 Main Applicant (please tick ✓ where applicable)										Particulars of the Co-Applicant (please tick ✓ where applicable)																													
Are you under/ have applied for Administration by the Court?	Yes <input type="checkbox"/>	No <input type="checkbox"/>									Are you under/ have applied for Administration by the Court?	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"/>									Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Dr <input type="checkbox"/>	Prof <input type="checkbox"/>																				
Surname											Surname																												
Full Names											Full Names																												
ID Number	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>									ID Number	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>														
Country of Birth											Country of Birth																												
Have you applied for or been Declared Insolvent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>									Have you applied for or been Declared Insolvent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																										
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>									Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>																										
Maiden Name											Maiden Name																												
Known As											Known As																												
ID Type	RSA <input type="checkbox"/>	Other <input type="checkbox"/>	Birth Date	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>									ID Type	RSA <input type="checkbox"/>	Other <input type="checkbox"/>	Birth Date	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>								
Registration Tax Number											Registration Tax Number																												
Language	English <input type="checkbox"/>	Afrikaans <input type="checkbox"/>	Zulu <input type="checkbox"/>	Sesotho <input type="checkbox"/>	Tsonga <input type="checkbox"/>									Language	English <input type="checkbox"/>	Afrikaans <input type="checkbox"/>	Zulu <input type="checkbox"/>	Sesotho <input type="checkbox"/>	Tsonga <input type="checkbox"/>																				
Ethnic Group	Asian <input type="checkbox"/>	Black <input type="checkbox"/>	Coloured <input type="checkbox"/>	White <input type="checkbox"/>	Indian <input type="checkbox"/>									Ethnic Group	Asian <input type="checkbox"/>	Black <input type="checkbox"/>	Coloured <input type="checkbox"/>	White <input type="checkbox"/>	Indian <input type="checkbox"/>																				
Education Level	None <input type="checkbox"/>	Junior Primary <input type="checkbox"/>	Secondary <input type="checkbox"/>	Matric <input type="checkbox"/>									Education Level	None <input type="checkbox"/>	Junior Primary <input type="checkbox"/>	Secondary <input type="checkbox"/>	Matric <input type="checkbox"/>																						
Marital Status	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/>									Marital Status	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Married <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"/>									Type Of Marital Regime	COP <input type="checkbox"/>	ANC <input type="checkbox"/>	Out of COP <input type="checkbox"/>																								
Residential Status	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>									Residential Status	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>																										
Registered Tax/SITE	Yes <input type="checkbox"/>	No <input type="checkbox"/>									Registered Tax/SITE	Yes <input type="checkbox"/>	No <input type="checkbox"/>																										
Retirement Date	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>									Retirement Date	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	Y <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>														

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.



how can we help you?

Current Residential Address - Main Applicant		Current Residential Address - Co-Applicant											
Street Name & Number				Street Name & Number									
Suburb				Suburb									
City			(CODE)	City			(CODE)						
Postal Address - Main Applicant				Postal Address - Co-Applicant									
Postal Address same as current Residential Address?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If not, please provide	Postal Address same as current Residential Address?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If not, please provide						
Street Name & Number				Street Name & Number									
P.O. Box Number				P.O. Box Number									
Suburb				Suburb									
City			(CODE)	City			(CODE)						
Address where Funds will be Used - Main Applicant				Address where Funds will be Used - 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"/>							
Street Name & Number				Street Name & Number									
Suburb				Suburb									
City			(CODE)	City			(CODE)						
Contact Details - Main Applicant				Contact Details - Co-Applicant									
Cellphone Number	(CODE)			Cellphone Number	(CODE)								
Home Telephone Number	(CODE)			Home Telephone Number	(CODE)								
Email Address													
Preferred Time*	8:00am - 12:00pm	<input type="checkbox"/>	12:00pm - 2:00pm	<input type="checkbox"/>	2:00pm - 5:00pm	<input type="checkbox"/>	Preferred Time*	8:00am - 12:00pm	<input type="checkbox"/>	12:00pm - 2:00pm	<input type="checkbox"/>	2:00pm - 5:00pm	<input type="checkbox"/>
Fax Number	(CODE)			Fax Number	(CODE)								
Work Telephone Number	(CODE)			Work Telephone Number	(CODE)								

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

SECTION 2

Income and Expenses - Main Applicant (please tick ✓ where applicable)		Income and Expenses - Co-Applicant (please tick ✓ where applicable)	
Monthly Gross Income	R	Monthly Gross Income	R
Monthly Net Income	R	Monthly Net Income	R
Overdraft Monthly Repayment	R	Overdraft Monthly Repayment	R
Salary Frequency	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>	Salary Frequency	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>
Living Expenses (Food; Transport; Rates; Water & Electricity; Entertainment & Other Household Expenses)	R	Living Expenses (Food; Transport; Rates; Water & Electricity; Entertainment & Other Household Expenses)	R
	R		R
	R		R
	R		R



SECTION 3

Particulars of the Employer – Main Applicant (please tick ✓ where applicable)		Particulars of the Employer – Co-Applicant (please tick ✓ where applicable)							
Employer Name		Employer Name							
Employee Number		Employee Number							
Job Title		Job Title							
Site / Division		Site / Division							
Employment Contract Type	Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>	Commission <input type="checkbox"/>	Contractor <input type="checkbox"/>	Employment Contract Type	Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>	Commission <input type="checkbox"/>	Contractor <input type="checkbox"/>
HR Consultant Name(s) & Surname					HR Consultant Name(s) & Surname				

SECTION 4

Particulars of Fund

Name of Fund	
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SECTION 5

Particulars of the Loan

Loan Amount Required	R	Loan Term (Months)	
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SECTION 6

Particulars of the Applicant's Banking Details (please tick ✓ where applicable)

Name of Bank		Branch Name	
Account Number		Branch Code	
Type of Account	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 (if applicable)				Friend's Details (not living at the same address)			
Surname		Surname					
First Name(s)		First Name(s)					
Work Telephone Number	(CODE)			Work Telephone Number	(CODE)		
Cellphone Number	(CODE)			Cellphone Number	(CODE)		



SECTION 8

Customer Protection Plan (CPP) (if applicable)

The Customer Protection Plan protects you in the event that one of the following instances occur:

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

These benefits are dependent on the agreement between FNB and your Funds. 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:

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

Kindly email the completed form and above-mentioned supporting documents to smarthousingplandocsct@fnb.co.za or fax to **(011) 428 4127**. For any queries please contact our Hel Desk on **0860 762 278**.

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"/>	
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"/>	
4.3 I/We have permission to give any personal information of third parties to the Lender and I/We indemnify the Lender against any and 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"/>	



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 No

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 No

5.4 Preferred communication method: The Lender may contact me/us by:

Post	please specify	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
SMS	please specify	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
MMS	please specify	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
Email	please specify	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
Telephone	please specify	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
Cellphone	please specify	<input type="checkbox"/> 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 FSP3071 & NCRCP20.

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