



how can we help you?

FNB Loans

A business unit within FNB - a division of FirstRand Bank Limited (Reg. No. 1929/001225/06)
 An Authorised Financial Services and Credit Provider (NCRCP20)
 3rd Floor, 1 First Place, Cnr Simmonds and Pritchard Streets, Johannesburg, 2001
 South Africa
 Tel: 086 076 2278 Fax: (011) 438 8038

First National Bank (A division of FirstRand Bank Limited)

Smart Housing Plan - Loan Application Form

Section 1: Particulars of the Applicant											
Are you under/ have applied for Administration by the court? <input type="checkbox"/> YES <input type="checkbox"/> NO						Have you applied for or been declared insolvent? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Have you applied for or are you under formal debt review? <input type="checkbox"/> YES <input type="checkbox"/> NO						Consent to perform credit check <input type="checkbox"/> YES <input type="checkbox"/> NO					
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof. <input type="checkbox"/> Other			Gender <input type="checkbox"/> M <input type="checkbox"/> F								
Surname						Maiden Name					
Full Names						Known As					
ID Number Y Y Y Y M M D D						ID Type <input type="checkbox"/> RSA <input type="checkbox"/> Other		Date of Birth Y Y Y Y M M D D			
Country of Birth											
Current Residential Address											
Street Name & Number											
Suburb											
City									Postal Code		
Postal Address						Postal address same as current residential address? <input type="checkbox"/> YES <input type="checkbox"/> NO					
P.O. Box Number											
Suburb											
City									Postal Code		
Address where funds will be used						Building address same as current residential address? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Street Name & Number											
Suburb											
City									Postal Code		
Cellphone Number						Fax Number					
Home Telephone Number						Work Telephone Number					
Email Address						Loan Purpose <input type="checkbox"/> Buy a home <input type="checkbox"/> Renovate a home <input type="checkbox"/> Buy land					
Section 2: Particulars of Income and Expenses											
Monthly Gross Income R				Monthly Net Income R							
Living Expenses R				(food; transport; rates; water & electricity; entertainment & other household expenses)							
Overdraft Monthly Repayment R				Salary Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly							
Section 3: Particulars of the Employer											
Employer Name						Site / Division					
Employee Number				Employment Contract Type <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Commission <input type="checkbox"/> Contrator							
Job Title											
HR Consultant Name(s) and Surname											
Section 4: Particulars of Fund											
Name of Fund											
Section 5: Particulars of the Loan											
Loan Amount Required R				Loan Term (months)							
Section 6: Other Details											
Language <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> Z <input type="checkbox"/> S						Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> A (Including Indian)					
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Seperated <input type="checkbox"/> Single						Type of Marital Regime <input type="checkbox"/> Traditional <input type="checkbox"/> COP <input type="checkbox"/> ANC <input type="checkbox"/> Out of COP					
Residential Status <input type="checkbox"/> Owner <input type="checkbox"/> Tenant				Registered Tax / SITE <input type="checkbox"/> YES <input type="checkbox"/> NO		Retirement Date Y Y M M D D					

Note: Language and race information is required to assist the Government in monitoring lending practices in terms of the Homeloans and Mortgage Disclosure Act. 2000

Section 7: Particulars of the Applicant's Banking Details	
Bank Name	
Bank Account Number	Branch Code
Branch Name	
Account Type	<input type="checkbox"/> Cheque / Current <input type="checkbox"/> Savings <input type="checkbox"/> Transmission Please note that the loan, if approved, will be paid out in this income account.
Section 8: Marketing Consent	
I agree that the FirstRand Group can send me information about their services and products	<input type="checkbox"/> YES <input type="checkbox"/> NO
I agree that First National Bank can send me information about their services and products	<input type="checkbox"/> YES <input type="checkbox"/> NO
Contact by	<input type="checkbox"/> Post <input type="checkbox"/> SMS / MMS <input type="checkbox"/> E-mail <input type="checkbox"/> Telephone <input type="checkbox"/> Cellphone
Section 9: Spouse's Details (if applicable)	
Surname	Friend's Details (not living at the same address)
First Name(s)	Surname
Work/ Home Telephone Number	First Name(s)
Cellphone Number	Work/ Home Telephone Number
	Cellphone Number
Section 10: Customer Protection Plan (CPP) (if applicable)	
The Customer Protection Plan protects your loved ones in the event that one of the following instances occur: - Death - Permanent disability These benefits are dependent on the agreement between FNB and your Fund. Please confirm which benefits are applicable to you with your HR representative. Customer Protection Plan including Gap Cover In the event that any of these instances occur FNB will settle your outstanding loan balance and pay the difference between the balance and the loan settlement amount to your loved ones.	
I choose FNB's Customer Protection Plan with GAP Cover	<input type="checkbox"/> YES <input type="checkbox"/> NO
I choose FNB's Customer Protection Plan without Gap Cover	<input type="checkbox"/> YES <input type="checkbox"/> NO
I choose to cede my own insurance policy	<input type="checkbox"/> YES <input type="checkbox"/> NO

The following documents need to be submitted with the completed application:

- Certified copy R.S.A. Identity Document
- Latest payslip (4 consecutive for weekly paid; 2 consecutive fortnightly paid; 1 for monthly paid)
- Valid building quotation or Offer to Purchase - not to be older than one month
- Latest proof of residence - not to be older than three months
- Latest three month's stamped bank statement if non-FNB banked

Kindly email the completed form and above-mentioned supporting documents to smarthousingplandocs@fnb.co.za or fax to (011) 438 8038.

Declaration

- By selecting "Yes" to the question mentioned in Section 1 regarding "Consent to credit check", the Bank accepts that you have understood and acknowledged your consent to perform a credit check.
- Where I do not have a personal email address, or cannot otherwise receive my loan documentation (containing my personal- and 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.

Applicant's signature: _____ Signed at _____ on this _____ day of _____ 20 ____

SMART HOUSING PLAN: FNB

An affordable home loan guaranteed by your pension fund:

Attach the following documents when you apply:

- ID Copy
- Proof of residential address (not older than 3 months)
- Copy of latest pay slip.
- Copy of latest fund benefit statement.
- Copy of spouse's id copy and marriage certificate. A letter of consent from spouse (only if married in community of property)
- Banking details (1 month bank statement)
- Quotation/offer to purchase if you buying property.

CALL CENTRE NUMBER: 0860 762 278

FAX NO: 0866 409 747

EMAIL: shp@fnb.co.za