

Home Loan Interview Form



Personal Details	Primary Applicant	Co-applicant / Surety
Title & Surname		
First Names		
Ethnic Group	Black <input type="checkbox"/> Coloured <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/>	Black <input type="checkbox"/> Coloured <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/>
(Banks are required to request the race of applicants to assist Government in monitoring lending practices in terms of the Home Loan and Mortgage Disclosure Act, 2000)		
ID or Passport Number & Date of birth	<input type="text"/> Dob. <input type="text"/>	<input type="text"/> Dob. <input type="text"/>
Highest level of education	Matric <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/>	Matric <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/>
Income Tax Number		
Do you file any Tax Return outside of South Africa?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, list country/countries		
Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>	Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>
How married	ANC <input type="checkbox"/> COP <input type="checkbox"/> Other <input type="checkbox"/>	ANC <input type="checkbox"/> COP <input type="checkbox"/> Other <input type="checkbox"/>
Country of Marriage		
Number of dependants		
Current residential status	Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other: <input type="text"/>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other: <input type="text"/>
Will this property be your main residence	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a first time home buyer	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a public official in a position of authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you related to or associated to a public official in a position of authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, what is the nature of relationship or association?		
If so, name and surname of the public official in a position of authority that you are related or associated to.		
Address & Contact Details	Primary Applicant	Co-applicant / Surety
SA Citizen	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nationality	South African <input type="checkbox"/> Other: <input type="text"/>	South African <input type="checkbox"/> Other: <input type="text"/>
Residency	Perm <input type="checkbox"/> Temp <input type="checkbox"/> Non-Res <input type="checkbox"/>	Perm <input type="checkbox"/> Temp <input type="checkbox"/> Non-Res <input type="checkbox"/>
Country of Birth		
City of Birth		
Country that issued passport		
Home language		
Preferred language for correspondence	Eng <input type="checkbox"/> Afr <input type="checkbox"/>	Eng <input type="checkbox"/> Afr <input type="checkbox"/>
Telkom number / Fax number	Tel: <input type="text"/> Fax: <input type="text"/>	Tel: <input type="text"/> Fax: <input type="text"/>
Cellphone No		
E-mail		
Residential Address		
Length at current address	years <input type="text"/> months <input type="text"/>	years <input type="text"/> months <input type="text"/>
Postal Address		

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Contact and Address Details for Future Legal Correspondence

Address		
Suburb		
City		
Postal Code		
Country		

Credit History

	Primary Applicant		Co-applicant / Surety	
Ever been declared insolvent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ever been placed under administration	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date and Rehabilitated date:				
Have you ever had a judgement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Applied for, or under Debt Review	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Date:		Date:	
If yes: - name of counsellor				
& contact no.				
Any debt re-arrangements in place	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you aware of any adverse credit listings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently in a Credit Bureau dispute	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Employment Details

	Primary Applicant		Co-applicant / Surety	
Employment Status				
Position				
Nature of business				
Name of Business/Employer				
Company Registration No				
Percentage of income earned derived from own business				
Are you a shareholder of your employer's business?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Percentage shareholding (If yes to above)				
Physical Address of Business/Employer				
Employee number				
Length of current employment	years	months	years	months
Do you work in South Africa?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
If less than 3 yrs, state previous employer and period employed and contact number				
Tel number / Fax number	Tel: Fax:		Tel: Fax:	

Main Transactional Bank Account

	Primary Applicant		Co-applicant / Surety	
Transactional Bank Acc Number				
Bank Name				
Bank Branch				
Is this a business account?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Is this a legal entity account?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Name of account (if not applicant name)				
Current balance	R		R	
Monthly / Minimum payment of overdraft if applicable	R		R	

Home Loan Accounts

Name of bank / fin services company and Account Number	Primary Applicant			Co-applicant / Surety		
	Current balance	Monthly repayment	Will this a/c be settled?	Current balance	Monthly repayment	Will this a/c be settled?
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>

Other Bank Accounts (Eg. Savings, Credit Cards, Vehicle Finance, Personal Loans)

Primary Applicant

Name of Bank & account type	Current balance	Monthly repayment	Will this a/c be settled?	Is this a business account?	Is this a legal entity account?
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Co-applicant / Surety

Name of Bank & account type	Current balance	Monthly repayment	Will this a/c be settled?	Is this a business account?	Is this a legal entity account?
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Retail Accounts

Primary Applicant

Co-applicant / Surety

Name of Retail Store	Current balance	Monthly repayment	Will this a/c be settled?	Current balance	Monthly repayment	Will this a/c be settled?
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>
	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>	R	R	Y <input type="checkbox"/> N <input type="checkbox"/>

Income Details

Primary Applicant

Co-applicant / Surety

Source of Income	Salary <input type="checkbox"/> Pension <input type="checkbox"/> Retirement Annuity <input type="checkbox"/>	Salary <input type="checkbox"/> Pension <input type="checkbox"/> Retirement Annuity <input type="checkbox"/>	
	Investments <input type="checkbox"/> Donation/Gift <input type="checkbox"/> Allowance <input type="checkbox"/>	Investments <input type="checkbox"/> Donation/Gift <input type="checkbox"/> Allowance <input type="checkbox"/>	
	Commission <input type="checkbox"/> Inheritance <input type="checkbox"/> Social Grant <input type="checkbox"/>	Commission <input type="checkbox"/> Inheritance <input type="checkbox"/> Social Grant <input type="checkbox"/>	
	Insurance Claim <input type="checkbox"/> Bonus <input type="checkbox"/> Maintenance / Alimony <input type="checkbox"/>	Insurance Claim <input type="checkbox"/> Bonus <input type="checkbox"/> Maintenance / Alimony <input type="checkbox"/>	
	Profit from own business <input type="checkbox"/> Prize Winnings <input type="checkbox"/>	Profit from own business <input type="checkbox"/> Prize Winnings <input type="checkbox"/>	
	Asset Disposal <input type="checkbox"/> Other <input type="checkbox"/>	Asset Disposal <input type="checkbox"/> Other <input type="checkbox"/>	
Monthly income - show source: e.g. Salary, Commission, Rental, Housing, Car, Overtime, Interest, Dividend, Subsidy, Maintenance etc.	R	R	
	R	R	
	R	R	
	R	R	
	R	R	
	R	R	
	R	R	
	R	R	
	PAYE & UIF	Paye: R Uif: R	Paye: R Uif: R
	Pension & Medical Aid	Pens: R M/Aid: R	Pens: R M/Aid: R
Other deductions - specify	Type: R	Type: R	
	Type: R	Type: R	
	Type: R	Type: R	
	Type: R	Type: R	

Expenditure	Primary Applicant		Co-applicant / Surety	
	Market value	Liability	Market value	Liability
Home loan instalments	R		R	
Hire Purchase and Vehicle Finance	R		R	
Credit card repayments	R		R	
Retail instalments	R		R	
Rental (only applicable if ongoing)	R		R	
Investments (unit trusts / endowments)	R		R	
Rates & Taxes/Levies	R		R	
Water & Lights	R		R	
House maintenance & garden services	R		R	
Petrol, travel cost & maintenance	R		R	
Insurance (House, Vehicle, Life, RA's)	R		R	
Cellphone & Telephone	R		R	
Groceries	R		R	
Domestic Wages	R		R	
Education	R		R	
All other expenses (Clothing, Entertainment, TV Subscriptions etc)	R		R	
	R		R	
	R		R	

Assets & Liabilities	Primary Applicant		Co-applicant / Surety	
	Market value	Liability	Market value	Liability
Fixed Property	R	R	R	R
	R	R	R	R
	R	R	R	R
Vehicle/s	R	R	R	R
	R	R	R	R
	R	R	R	R
Furniture & Fittings	R	R	R	R
Investments	R	R	R	R
Other - specify	R	R	R	R
Other - specify	R	R	R	R
Other - specify	R	R	R	R
Other - specify	R	R	R	R
	R	R	R	R

Notifications

Applicant/s are aware that:

a) **FreeBond** is a home loan originator and will be making home loan application on the applicant's behalf. The applicant has requested **FreeBond** to proceed with such application;

b) Personal, financial and other information is furnished to **FreeBond** for the purposes of the making of such application, and applicants are aware that they are required to furnish all such information truthfully and fully;

c) Communications (including the quotation) from the bank(s) pertaining to such application will be received by **FreeBond** on the applicants behalf. Applicants are further aware that, where appropriate, the estate agent concerned may be issued by **FreeBond** with a copy of the final outcome.

d) **FreeBond** and third parties, including banks, may make enquiries to third parties to confirm any information submitted as part of the application, and may obtain information from credit bureaux when assessing this home loan application for finance.

e) I/we hold no other citizenships and residencies 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

(Tick box to verify all notifications)

Additional comments

Signatures

I/we confirm that the notifications above have been read & understood.

Signed _____ Signed _____ Date _____

Primary applicant Co-applicant / Surety