

**NATIONAL FUND FOR MUNICIPAL WORKERS**

Reg no. 35064

APPLICANT INFORMATION

| | | | | | |
|---|---------------------------------|-----------------------------------|---------------------------------|---|--|
| FULL NAMES: | | | | | |
| ID NUMBER: | | CELLPHONE NUMBER 1: | | | |
| MUNICIPALITY NAME: | | CELLPHONE NUMBER 2: | | | |
| EMPLOYEE NUMBER: | | POSTAL ADDRESS: | | | |
| INCOME TAX NUMBER: | | | | | |
| OCCUPATION: | | | CODE: | | |
| LANGUAGE: | | | EMAIL ADDRESS: | | |
| GENDER: | FEMALE <input type="checkbox"/> | MALE <input type="checkbox"/> | PROPERTY VALUE: | | |
| ETHNIC GROUP (For statistical purposes): | BLACK <input type="checkbox"/> | COLOURED <input type="checkbox"/> | INDIAN <input type="checkbox"/> | WHITE <input type="checkbox"/> | |
| MARITAL STATUS: | | | | | |
| OCOP INCL ACCRUAL SYSTEM <input type="checkbox"/> | | SINGLE <input type="checkbox"/> | | CIVIL UNION <input type="checkbox"/> | |
| OCOP ECCL ACCRUAL SYSTEM <input type="checkbox"/> | | DIVORCED <input type="checkbox"/> | | DIVORCE PENDING <input type="checkbox"/> | |
| IN COMMUNITY OF PROPERTY <input type="checkbox"/> | | WIDOWED <input type="checkbox"/> | | CUSTOMARY LAW MARRIAGE <input type="checkbox"/> | |

| PHYSICAL ADDRESS | |
|--------------------|--|
| OWNER OF PROPERTY: | |
| STAND NUMBER: | |
| STREET ADDRESS: | |
| | |
| CODE: | |

| (A) PURCHASE OF PROPERTY | | |
|--|------|---------|
| LOAN REQUIRED AS DEPOSIT | YES | NO |
| FULL / PARTIAL PAYMENT OF PURCHASE PRICE | FULL | PARTIAL |
| PAYMENT OF TRANSFER COSTS | YES | NO |

To be completed when buying a property**(B) FULL OR PARTIAL BOND SETTLEMENT To be completed when settling an existing bond**

| | | |
|--------------------------|---|--|
| FULL SETTLEMENT: | | |
| PARTIAL SETTLEMENT: | | |
| OUTSTANDING BOND AMOUNT: | R | |

(C) IMPROVEMENT TO PROPERTY / BUILDING To be completed when improvements / repairs are to be made

| |
|---|
| SPECIFY NATURE OF IMPROVEMENTS / WORK TO BE DONE: |
| |





| PERSONAL BANKING DETAILS | |
|--------------------------|--|
| NAME OF ACCOUNT HOLDER: | |
| BANK: | |
| ACCOUNT NUMBER: | |
| BRANCH CODE: | |
| TYPE OF ACCOUNT: | |

| RFS HOME LOANS APPLICATION DETAILS | |
|--|--|
| DO YOU HAVE AN EXISTING LOAN? | |
| NEW LOAN AMOUNT: | |
| TERM OF NEW LOAN IN YEARS: | |
| (Minimum loan amount of R 2500.00; maximum amount according to fund rules) | |

| | | |
|---|-------|------|
| STATEMENT DELIVERY METHOD (Please indicate preferred method of correspondence) | Email | Post |
|---|-------|------|

| INCOME AND EXPENDITURE | | | |
|--|---|--------------------------------------|---|
| MONTHLY EXPENDITURE | | MONTHLY INCOME | |
| CAR FINANCES AND LEASES | R | BASIC SALARY | R |
| CELLULAR EXPENSES | R | HOUSING ALLOWANCE | R |
| CLOTHING / RETAIL ACCOUNT | R | RENTAL INCOME | R |
| CREDIT CARD | R | OTHER INCOME | R |
| FURNITURE ACCOUNT | R | | |
| HOUSING RENTAL / EXISTING BOND | R | TOTAL INCOME | R |
| PERSONAL LOANS | R | | |
| SCHOOL / UNIVERSITY FEES | R | INCOME AND EXPENDITURE TOTALS | |
| TRANSPORT COST | R | TOTAL MONTHLY INCOME | R |
| WATER & ELECTRICITY + RATES | R | TOTAL MONTHLY EXPENDITURE | R |
| LIVING EXPENSES | R | | |
| | | DISPOSABLE INCOME | R |
| TOTAL EXPENSES | R | | |
| COMMENT ON INCOME AND EXPENSES: | | | |
| | | | |
| | | | |





POLITICALLY EXPOSED PERSONS (PEPs) AND PROMINENT INFLUENTIAL PERSONS (PIPs)

The Financial Intelligence Centre Act requires that we know if you are a Politically Exposed or Prominent Influential Person as explained in the Act.

Politically Exposed Persons (PEPs) and Prominent Influential Persons are individuals entrusted with prominent public functions either domestically or by a foreign country. Examples are heads of state or governments, important political party officials, high ranking military officials, member of a royal family, municipal manager, or senior executives of state-owned corporations. This term also includes immediate family members and close associates.

Are you a public official in a position of authority? Yes No

Are you related to or associated with a public official in a position of authority? Yes No

What is the nature of the relationship or association? Business Partner Close associate Parent
 Sibling Son/Daughter Spouse/Partner

Please provide full name and surname of relative or associate. _____

TERMS OF LOAN APPLICATION

I, the Borrower, hereby accept the terms of the Loan as set out in this application and:

1. Warrant that all the information supplied by me is true and correct.
2. Warrant that the loan is to be used for housing purposes only, as contemplated in section 19(5)(a) of the Pension Funds Act, No 24 of 1956. (Available on request)
3. Confirm that the contents of this application have been explained to me by my Employer and I understand the meaning of the application.
4. Confirm that I understand and agree that the Lender may change the number and/or the amount of the instalments due to ensure repayment in full of the loan and interest.
5. Warrant that the loan does not exceed the lesser of my withdrawal benefits, net of income tax, from the Fund or the Fair Value of the immovable property concerned.
6. Warrant that I am not liable to the Fund in respect of a loan or guarantee granted or furnished in respect of any other immovable property.
7. Warrant that, as at the signature of this document, no other cession and pledge of my withdrawal benefits have been given.
8. Consent that a credit bureau check may be done, and my details be shared with the relevant credit bureaus.
9. Accept that incomplete applications will expire after 30 days and should I wish to continue I will have to submit a new application within three months, complete with new supporting documentation.
10. Confirm that the property is / will be occupied by me or my dependants.

Life cover scheme is available for all members who apply for a housing loan. Participation in the scheme is not compulsory. The premium will be calculated at the inception date and will be based on the outstanding balance of the loan and your age and will be revised annually at Fund Anniversary. The monthly premium per R1000-00 cover is as follows:

| | | |
|----------------------------|----------|--------|
| AGE AT NEXT BIRTHDAY UNDER | 40 YEARS | R 0.46 |
| 41 | 50 YEARS | R 0.66 |
| 51 | 55 YEARS | R 0.97 |
| 56 | 60 YEARS | R 1.40 |
| 61 | 65 YEARS | R 2.43 |
| 66 | 70 YEARS | R 2.91 |



**RFS Home Loans (Pty) Ltd**

Retirement Fund Solutions

passionately tomorrow

Montana Pavilion, Block A
 33 Silvergrass Street
 Magalieskruin
 0182

Tel: 012 523 5555
 Fax: 012 5235560
 e-mail: admin@rfshomeloans.co.za

Reg no. 2005/006823/07
 Vat no. 4570237638

A Registered Credit Provider.
 National Credit Regulator no. NCRCP 1427
 An Authorised Financial Service Provider
 FSP no. 46316

I WANT TO PARTICIPATE IN THE LIFE COVER SCHEME:

| | |
|-----|----|
| YES | NO |
|-----|----|

If YES – I hereby declare that I am aware of the fact that a full needs analysis of my financial position has not been undertaken and that I must carefully consider whether the product on its own is appropriate considering my objectives, financial position and needs.

Should you require further information or advice on this product you can contact Morris Mgidi, Manager: Home Loans, Tel: +27 12 523 5302 or email: morris@rfshomeloans.co.za.

Kindly note that a copy of the Master policy for this product is available upon request.

I hereby declare that all information completed by me on this application form is true and correct and

I understand and agree to the terms as stated on this application form.

DATE _____ SIGNATURE OF BORROWER _____

DATE _____ SIGNATURE OF WITNESS/SPOUSE _____

| DECLARATION BY EMPLOYER | | | |
|--|-------|-------------|--|
| ON BEHALF OF THE EMPLOYER, I HEREBY DECLARE THAT: | | | |
| <ol style="list-style-type: none"> 1. The information regarding the Applicant/Member is correct as indicated on the application form. 2. The Applicant/Member is a permanent employee; and 3. The full instalment amount, including the administration fee and insurance premium (if applicable) will be recovered from the Applicant/Member's salary by means of a salary deduction and paid over to RFS Home Loans (Pty) Ltd before the 7th of each month. | | | |
| NAME AND SURNAME: | | | |
| CAPACITY: | | TEL NUMBER: | |
| EMAIL: | | | |
| AUTHORISED SIGNATURE: | DATE: | | |
| SALARIES CONTACT DETAILS: | | | |

OFFICIAL STAMP

