DIRECT CASH LOANS

LOAN APPLICATION FORM

Required Loan Amount: R	Loan Duration:

PLEASE COMPLETE THIS DOCUMENT IN PRINT

Surname: ID No:

Full Names: ___

Date of Birth: _____

Title: (Mr/Mrs/Miss, etc. _____

Physical address: _____ Postal address: _____

Address Type: Postal | Residential Owner / Tenant

Home Tel: ( ) _____ Work Tel: ( ) _____

Cell No: _____ Email: _____

Fax No: _____

Marital Status: Married | Single | Separated | Divorced | Living Together | Widowed

2. EMPLOYMENT DETAILS

Employer: _____ Salary: _____

Occupation: _____ Fax No: _____

Date Employed: _____ Employer's Address: _____

Position: _____

3. OTHER DETAILS

Type of Loan: _____ Reason for Loan: _____

Are you in debt? Yes / No If Yes, Amount: **R** Blacklisted? Yes / No

If blacklisted, give full details: _____

4. DECLARATION BY BORROWER

I _____ declare that all the information in this Application form is true.

SIGNED ON THIS DAY OF 20

APPLICANT SIGNATERY: _____

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