



iLeinstec College Student Loan Application

To be completed by the primary applicant. Please use block letters to complete the form as completely and accurately as possible, as errors and omissions can affect our ability to process the application successfully.

New Loan Revolving Loan

1. PERSONAL DETAILS	
Title:	Initials:
First Name(s):	
Surname:	
Date of Birth:	Nationality:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Marital Contract Type: <input type="checkbox"/> Community of Property	
<input type="checkbox"/> Antenuptial Contract <input type="checkbox"/> Tribal Law <input type="checkbox"/> Accrual System	
Home Language:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnic Group:	
<input type="checkbox"/> White <input type="checkbox"/> African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> Other	
If other, please specify:	

2. RESIDENCY AND IDENTIFICATION TYPE
<input type="checkbox"/> Resident <input type="checkbox"/> Temporary Resident <input type="checkbox"/> Non Resident
ID Type 1:
ID Number:
ID Type 2:
ID Type 2 Number:
Country of Issue:
Date of Issue:
Date of Expiry:

3. CONTACT DETAILS	
Work:	Fax:
Home:	Mobile:
Email:	
Physical Address:	

Street address:	
Suburb:	
Town/City:	Code:
Postal Address:	
Code:	
Residential Status:	
At this address since:	

4. EMPLOYMENT DETAILS	
Name of Employer:	
Occupation:	Date Employed:
Occupation Status:	
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contract Basis <input type="checkbox"/> Self-Employed	
Annual Income:	
R	
Income Frequency:	
<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly	
Source of Funds:	
Will your salary be deposited into an Access Bank SA account?	

5. LOAN DETAILS
Required Loan Amount:
R
Repayment Frequency:
Repayment Term:
Reason for Term Loan:
Insurance Required:
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:

6. DEBIT ORDER DETAILS
Name of Bank:
Name of Branch:

	<input type="checkbox"/> Male <input type="checkbox"/> Female
Branch Code:	
Account Number:	
Account Type:	
Account Holder:	
Debit Order day and Start Date:	
7. PERSONAL DETAILS OF CO-APPLICANT/SURETY	
Full Name(s):	
Surname:	
Identity Number:	
Physical Address:	
Street address:	
Suburb:	
Town/City:	Code:
Postal Address:	
Code:	
Contact Details:	
Work:	
Home:	Mobile:
Gender:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status:	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	
If Married, type:	
<input type="checkbox"/> ANC <input type="checkbox"/> COP <input type="checkbox"/> Accrual <input type="checkbox"/> Tribal	
Date of Marriage:	
Spouse Details	
Full Name(s):	
Surname:	
Identity Number:	
Gender:	
8. MARKETING CONSENT	
May the Bank contact you using the contact details provided to us to inform you about other products and services?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Offered by us, including special offers/upgrades and/or new products?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Offered by subsidiaries of Access Bank South Africa Limited?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Offered by other companies?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Most suitable contact time?	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
<input type="checkbox"/> Morning Time?	<input type="checkbox"/> Afternoon Time?
9. CORRESPONDENCE	
Correspondence Type:	
<input type="checkbox"/> Email <input type="checkbox"/> Postal Mail <input type="checkbox"/> SMS	
Statement Delivery Method:	
<input type="checkbox"/> Email <input type="checkbox"/> Postal Mail <input type="checkbox"/> SMS	
Statement Frequency:	
<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
Preferred Statement Day: (i.e. 1st of each month etc.)	
10. DECLARATION AND CONSENT	
Is the entity/any of its principles currently under debt review/pending debt review/in arrears?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have any of the principles of the business ever been declared insolvent? Kindly attach a certified copy of Rehabilitation Order of the Court.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
I/we consent to you carrying out identity and fraud prevention checks and sharing information relating to this application through the South African Fraud Prevention Service.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
You may enquire about our credit record with any Credit Reference Agency and provide them or any other 3rd party information relating to our credit score or creditworthiness.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Valuation of Assets - A bank appointed valuation, where applicable, will be required on the assets being financed. Costs in respect of the valuation are for the customers account.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Upon the opening of and inception of the banking relationship, I /we confirm that:	
All (including documents required in order to facilitate a credit	

assessment) which I/we submit to the bank from time to time is, to the best of my/our knowledge and belief to be complete and correct.

I/we shall inform Access Bank South Africa Limited in writing of any changes such as authorised signatories or any other changes that may occur from time to time;

We are aware that the opening of this account is subject to an approval process and submission of required documentation in terms of the Financial Intelligence Centre Act, ("FICA") and the National Credit Act, ("NCA").

We confirm having been advised that:

Access Bank South Africa Limited subscribes to the Code of Banking Practice and that we have been handed a brochure detailing the various aspects thereof. Access Bank South Africa Limited is a member of the Banking Association of South Africa.

FOR AND ON BEHALF OF:

Full Name(s): 1

Capacity:

Signature:

Date:

Full Name(s): 2

Capacity:

Signature:

Date:

Full Name(s): 3

Capacity:

Signature:

Date:

DOCUMENTATION REQUIRED

1. Identification documents of all relevant parties
2. Proof of physical address of all relevant parties
3. Last three months formal bank statements
4. Latest 3 months salary advise

MONTHLY INCOME AND EXPENDITURE

Where Co-applicant/Surety, separate page 4 and 5 to be completed.

MONTHLY INCOME	Primary Applicant	Spouse
Gross Salary	R	R
Cash Allowances	R	R
Investment	R	R
Housing Subsidy	R	R
Other	R	R
Total Gross Income	R	R
Combine Gross Income	R	

MONTHLY EXPENDITURE		Primary Applicant	Spouse
Statutory Deductions	PAYE	R	R
	Pension Fund	R	R
	UIF Contribution	R	R
Living Expenses	Medical Aid	R	R
	Rental/Bond Repay	R	R
	Insurance – Short Term	R	R
	Insurance – Life	R	R
	Water & Electricity	R	R
	Rates & Taxes	R	R
	Telephone/Cellphone	R	R
	Maintenance/Alimony	R	R
	Educational Fees	R	R
	Groceries	R	R
	Transport Cost	R	R
	Subscription Fees	R	R
	Domestic/Security	R	R
Savings/Investments	R	R	
Entertainment	R	R	
NETT Income		R	R
Debt Installments	HP Installments	R	R
	Lease Agreements	R	R
	Loan Repayments	R	R
	Credit Card(s)	R	R
	Retail Account(s)	R	R
Discretionary Income		R	R

PERSONAL ASSETS AND LIABILITIES

Where Co-applicant/Surety, separate page 4 and 5 to be completed.

PERSONAL ASSETS	Description of Asset	Market Value
Fixed Properties	Erf.	R
	Erf.	R
	Erf.	R
Vehicles		R
		R
Machinery/Equipment		R
		R
Shares/Stocks		R
Cash/Investments		R
Furniture		R
Other		R
Total Assets	R	

PERSONAL LIABILITIES	Description of Liability	Market Value
Fixed Properties	Erf.	R
	Erf.	R
	Erf.	R
Asset Finance		R
		R
Machinery/Equipment		R
		R
Bank Overdraft		R
Personal Loan		R
Credit Card		R
Other		R
Total Liabilities	R	
NETT Asset Value	R	

I/We declare that this is a full, true and correct statement of my/our position and that my/our assets are not encumbered other than stated.

Customer Signature

Spouse Signature

Date

FOR OFFICE USE

Affordability Assessment Summary

1. Gross Income	R
Less Statutory and Min Living Expenses	R
2. NETT Income	R
Less current Debt Installments	R
3. Discretionary Income	R

Minimum Expenses Table Reviewed: Yes No

Minimum Expenses Table Applied: Yes No

Discretionary Income	=	R		=		Times Coverage
New Instalment		R				

Coverage above 1.00 times coverage shows affordability, any calculation below 1.00 times coverage would indicate non-affordability. In all cases the minimum expenses table is to refered to in order to ensure minimum standards in terms of the NCA Act is being complied with.

Note:

Please attach this assessment to the relevant application and income and expenditure table used in the summary, and submit together with proposal documentation on Microfile.

Submitted and Produced by:

Operational Banker

Relationship Manager

Date: