



Tel: 0861999951 Fax: 0866536017 e-mail: <u>elizma@filigro.co.za</u> NCR Registration Number: NCRCP2058

COMMISSION ADVANCE CREDIT APPLICATION

Complete and fax this form to 0866536017 Estate Agency: Advance required: Total commission: Expected date of registration: **Agent's details** Full names and surname: **Identity Number:** Contact numbers: Home: Work: Cell: Fax: E-mail: Physical address: Postal address: **Banking details** (current or savings account only) Name of account holder: Bank: Account number: Branch: Branch code:

Conveyancer

Conveyancing firm:					
Tel:		I	Fax: _		
E-mail:					
Contact person:					
Nature of underlying t	ransaction:	Sale of prope	rty	New Mortgage I	oond
Property description:					
If the underlying transc	action is a tran	sfer of property	<u>/:</u>		
Seller:					
Purchaser:					
Selling price:					
Existing bond amount:	:				
The following informat	tion is required	for statistical p	ourposes b	y the National Cre	edit Regulator
Gender	Male	Fem	ale		
Are you a resident of c	a rural or low d	ensity area?	Yes	No	
Are you a historically c	disadvantagea	l person?	Yes	No	
Your monthly gross inc	ome category	<i>'</i> :			
Below R3,500.00	R3,501.00	- R5,500.00	R.S	5,501.00 – R7,500.0	0
R7,501.00 - R10,000.00	R10,	000.00 – R15,00	00.00	More than R15	5,000.00
Reason why you requi	re bridging find	ance:			
Housing and related		Education		Small business	
Services		Emergency (See below)		Other	
Emergency loans ana	lysis:				
Death or Funeral		Medical		Income loss	
Theft or fire		Other emerge	ency		



<u>Important</u>: This application cannot be processed unless all the required details are supplied.