



Application for Home bridging

Please complete this application form and fax it back to us on 086 628 3669 or info@nhfinance.co.za

Consultant Name	Direct Fax Number
New Heights Finance/PBO	0866 283 669

A - Personal details	Applicant	Co-applicant / Spouse / Surety
Title	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/>	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/>
First name(s)		
Surname		
Date of birth (ddmmyyyy)	d d m m y y y y Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	d d m m y y y y Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
South African ID no.		
SA Citizen	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	African <input type="checkbox"/> White <input type="checkbox"/> Indian <input type="checkbox"/> Coloured <input type="checkbox"/> Other:	African <input type="checkbox"/> White <input type="checkbox"/> Indian <input type="checkbox"/> Coloured <input type="checkbox"/> Other:
Preferred language	English <input type="checkbox"/> Afrikaans <input type="checkbox"/> Other:	English <input type="checkbox"/> Afrikaans <input type="checkbox"/> Other:
Marital status	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
	If married, how? ANC <input type="checkbox"/> COP <input type="checkbox"/> Traditional <input type="checkbox"/>	If married, how? ANC <input type="checkbox"/> COP <input type="checkbox"/> Traditional <input type="checkbox"/>
Declared insolvent	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date: d d m m y y y y	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date: d d m m y y y y
Been rehabilitated	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date: d d m m y y y y	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date: d d m m y y y y
Under Administration	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Physical address (street)		
Suburb		
Town/City	Code	Code
Postal address		
Suburb		
Town/City	Code	Code
Telephone no. (w)	()	()
Telephone no. (h)	()	()
Telefax no.	()	()
Cellular	()	()
E-mail address		
Number of dependants (if any)		
Ages of dependants (if any)		

B - Financial details	Applicant	Co-applicant / Spouse / Surety
Income	Applicant	Co-applicant/Spouse/Surety
Gross income(cost to company)R		R
Nett income (after deductions)R		R
Other income R		R
Institution name		Bond holder's name
Bond account number		Account balance R
Fully paid up	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes - please supply a copy of the title deed	

C - Property details	Applicant	Co-applicant / Spouse / Surety
Property type	Existing residential property <input type="checkbox"/> Sectional title <input type="checkbox"/>	Date property was purchased: d d m m y y y y
Is this your primary residence	Yes <input type="checkbox"/> No <input type="checkbox"/>	Original purchase price: R
Registered bond holder's name		Current realistic market value: R
Is there a judgement against your bond	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of last bond payment: d d m m y y y y
Stand/Erf no.	Sectional unit/Door no.	Complex name
Physical address (street)		Suburb
Town/City		Code
Contact person (for valuation access)		
Telephone no.	()	Cellular ()

D - Declaration
1. Declaration
1.1 I/We the undersigned certify the following to the best of our knowledge that all the information provided is true and correct.
1.2 I/We acknowledge that providing incorrect or false information may result in me/us being denied the protection offered by the National Credit Act, No. 34 of 2005
Signature: _____ Signed at _____ on this _____ day of _____ 2007