

New Loan		Unsecured (below USD20,000)	
Top Up Amount		Secured (above USD20,000)	
State Loan Account No.			
Interviewer Name Originating Branch		Login Reference	
Interviewer Comments			

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS

1. PERSONAL DETAILS

TITLE (MR, MISS, MRS, DR, PROF, ETC) _____ SURNAME _____

FIRST NAME _____ SECOND NAME _____ D.O.B.

d	d	m	m	y	y	y	y
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District of birth _____

If name has been changed - Date of name change

d	d	m	m	y	y	y	y
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Reason for name change: _____

NATIONAL ID NUMBER (Mandatory)

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National ID place of issue _____ NATIONAL ID NUMBER EXPIRY DATE

d	d	m	m	y	y	y	y
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DRIVER'S LICENCE NUMBER

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PASSPORT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--

 ISSUE DATE

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

 EXPIRY DATE

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Passport place of issue _____ Passport issuer country _____ PREVIOUS PASSPORT NUMBER

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GENDER: Male ☐ Female ☐ MARITAL STATUS: Single ☐ Married ☐ Divorced ☐ Widowed ☐

NATIONALITY _____ COUNTRY OF RESIDENCE _____

HIGHEST LEVEL OF EDUCATION _____

POSTAL ADDRESS _____

PHYSICAL ADDRESS _____

PHONE NO. (H) _____ PHONE NO. (B) _____ CELLPHONE NO(S) _____

FAX NUMBER _____ EMAIL _____

2. SPOUSE/PARTNER

Full Name _____

Telephone: Bus: _____ Res: _____ Mobile: _____

Email: _____

Does Spouse/Partner bank with CABS: (Please tick) Yes ☐ No ☐

3. DEMOGRAPHIC INFORMATION

Number of Dependents: _____

Residential Home Status: Owned: ☐ Rented ☐ Mortgaged ☐ Other: _____

Residential Location: Low Density: ☐ High Density: ☐

4. LOAN FACILITY REQUIREMENTS

What purpose is the loan required: _____

Amount of loan required: _____ Repayable over _____

5. EMPLOYMENT STATUS AND DETAILS

PERMANENT ☐ UNEMPLOYED ☐ TEMPORARY ☐ PENSIONER ☐ OTHER (Specify) _____

SELF EMPLOYED/ SOLE PROPRIETOR ☐ Business Name (If self-employed) _____

CURRENT EMPLOYER _____ Establishment Date of company (if self-employed)

d	d	m	m	y	y	y	y
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Occupation/Profession _____

Previous Employer (*if the number of years with current employer is less than 2): _____

Number of years with previous employer: _____ Number of years with current employer: _____

6. EMPLOYMENT STATUS AND DETAILS (SPOUSE)

PERMANENT ☐ UNEMPLOYED ☐ TEMPORARY ☐ PENSIONER ☐ OTHER (Specify) _____

SELF EMPLOYED/ SOLE PROPRIETOR ☐ Business Name (If self-employed) _____

CURRENT EMPLOYER _____ Establishment Date of company (if self-employed)

d	d	m	m	y	y	y	y
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Previous Employer (*if the number of years with current employer is less than 2): _____

Number of years with previous employer: _____ Number of years with current employer: _____

7. FINANCIAL INFORMATION (APPLICANT/S)

Gross income USD _____ Net income _____ Other Income: \$ _____

Nature of other income: _____

Spouse's gross income _____ Spouse's net income _____

Currently Monthly Expenses

Expense Item	Monthly Cost (USD)
Rental	
Electricity	
Municipal costs	
Transport/Fuel costs	
School Fees/University fees	
**(input total annual fees divided by 12)	
Medical Expenses (medical aid)	
General expenses (food, telephone, insurance, vehicle service, clothing, etc)	
Other (domestic workers' salaries, security services etc.)	
Retirement Home fees/Nurse aid	
Total	

NB: Information provided above will be assessed for reasonableness and further information maybe requested.

If director /shareholder of own company financial statements for the last two years and up to date Management Accounts are required

8. i) Existing Loans Other Financial Institutions (eg term loans, overdrafts, hire purchase etc)

Institution	Type of Loan	Loan Amount	Current Balance	Tenure	Monthly Repayment

ii). Existing transactional and savings accounts with other Financial Institutions

Institution	Type of Account	Account Number	Current Balance

9. Credit Record:

(a) Have you or your spouse ever been declared insolvent or assigned your estate? Yes [] No []

(b) Are there now or have there been in the past Civil Judgement against you or your spouse? Yes [] No []

If yes give details: _____

(c) Have you or your spouse ever had credit facilities with our organisations? Yes [] No []

If yes give details: _____ Current liability: _____

10. Collateral / Additional Security and Suretyship:

(Should the Society require collateral security, state the type and amount of security that you can provide.

Type 1 Company guarantee Amount \$ _____

Type 2 Share Certificate Amount \$ _____

If yes give details: Name: _____ Relation to Applicant(s) _____

Address: _____

11. Details of Security or Collateral to be pledged for amounts above \$20 000:

(a) Should the Society require collateral security, state the type and amount of security that you can provide.

Type _____ Amount \$ _____

(Where applicable, written confirmation from proposed guarantors must be submitted.)

(b) Is a surety available if required by the Society?

Yes [] No []

If yes give details: Name: _____ Relation to Applicant(s) _____

Address: _____

(Written confirmation of proposed surety's willingness and current proof of income to be submitted)

12. If security to be pledged is property for amounts above \$20 000

a) Description as per title deeds: _____

Area of land (in square metres) _____ Physical Address: _____

Suburb or Township: _____

Purchase Price \$ _____ Date of Purchase: _____

Name of registered owner: _____ **(copy of title deed to be submitted)**

Amount of cash available for balance of purchase price/project \$ _____ Where held _____

Transferring Legal Practitioners _____

Amount of transfer fees / bond costs available \$ _____ Where held _____

b) By whom will the property be occupied? _____

If tenant: State Amount of gross monthly rental \$ _____

c) If property currently bonded state: Bondholder _____ Amount owing \$ _____

d) Are the premises accessible to the Society's Valuator? _____ Yes [] No []

e) Details of person to be contacted for access to the property: Name _____ Tel. No _____

f) Please quote stand number, value of and liability on any other immovable property owned by you or your spouse:

g) i) Name: _____ Stand No. _____ Value: _____ Current Liability: _____

ii) Name: _____ Stand No. _____ Value: _____ Current Liability: _____

iii) Name: _____ Stand No. _____ Value: _____ Current Liability: _____

1. I/We agree to cede all my benefits including pension and leave days due from my Employer upon termination on of employment as security for the loan including interest.
2. If employment is terminated, the full outstanding balance of the loan and whatever amounts are owed in respect of interest and insurance will immediately be recoverable from me.
3. If any monthly instalment is not paid within 7 days of due date or if any of the information on provided in your application form is inaccurate, the full outstanding balance of the loan and whatever amounts are owed in respect of interest and insurance, together with legal costs calculated on an attorney / client basis costs and collection commission, will immediately be recoverable from me.
4. All amounts owed will be paid in United States of America dollars. In the event of the relevant authorities promulgating any regulations, or laws or issuing any directives precluding the use of United States dollars, the agreement shall be construed accordingly and the payment obligations shall be due and payable in whatever legal tender is promulgated by law.
5. If I do not pay my instalment on the 7th working day of the month, an arrear fee of 8% shall be added onto the balance of the loan. The minimum arrear fee shall be \$10.00 per month. The Society reserves the right to change the arrear fees rate and minimum amount and give notice within 30days..
6. CABS will treat information relating to the Customer as confidential, but the Customer consents to the transfer and disclosure by CABS of any information relating to the Customer to and between the representative offices, affiliates and agents of CABS and third parties selected by any of them, whenever situated, for confidential use (including in connection with the provision of any service and for data processing, statistical and risk analysis purposes). CABS and any representative office, affiliate, agent or third party may transfer and disclose any such information as required by any law, court, regulator or legal process.

I/We declare that, to the best of my/our knowledge and beliefs, the particulars set out in this application are true and that no information which might affect the decision of the Society has been withheld.

PRIVACY NOTICE

CABS would like to offer you ongoing banking services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs. CABS will also share your information with the other companies within the Old Mutual Group for purposes of offering you with other financial services within the Group.

We may use your information or obtain information about you for the following purposes:

- Credit searches and/or verification of personal information
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us.

These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You may access your personal information that we hold and may also request us to correct any errors, update or to delete this information. In certain cases, you have the right to object to the processing of your personal information.

You also have the right to complain to our regulator, the Reserve Bank of Zimbabwe, whose contact details are:

<https://www.rbz.co.zw/>

Toll Free Numbers

0800 6009 - Telone landlines only

0808 6770 - Econet lines only

Or +263 242 703000

email: info@rbz.co.zw

To view our full Privacy Notice and to exercise your preferences, please visit our website on www.cabs.co.zw

.....
Signature of the Applicant 1

.....
Signature of the Applicant 2

Date.....

FOR OFFICE USE ONLY

Application received by..... Signature..... Date.....

DISBURSEMENT

Date Issued	Name of Payee	Amount	Initials	Date Paid	Cheque or JV number	Initials