



Applicant Type								
Applicant Details								
Title:	Initials:	First Name:			Surname:			
Middle Name:		Gender:	Race:					
Date Of Birth:	Country of Birth:				Nationality:			
SA Identity Number:					Income Tax Number:			
Residential Address:						L		
Nature of Residence:	Number of Years at current Residence:							
Unit/Flat Number:	Complex/Flat Name:							
Street Name and Number	Suburb/Township:			wnship:				
Town/City:	Province:			•	Postal Code:			
Postal Address (If differ								
PO Box Number:	Suburb/Township:				Town/City:			
Province:		Postal Code:						
Contact Details:								
Telephone (Home):		Telephone (Wo	ork):			CellPhone:		
Facsimile:		Email Address:						
How best can we contact	you?	1						
	·	ease Supply us	with the late	est finan	cial statemen	ts of your business		
Please Supply us with the latest financial statements of your business Trading Name of Business if Sole Proprietor:								
Business Address:								
Vat Registration Number:								
Relatives Details (Closest relative in SA not living with you):								
Relationship:	Contact Number:							
First Name:		Surname:						
Profile Information								
Maritial Status:		Maritial Contra	ct Type:			Date Married Under SA Law:		
Number of Dependants:		Ages:						
Spouse Details:				44:441 - No				
First Name:		Suname:				Middle Name: Nationality:		
Date of Birth:		Country of Birt	n;			Nationality:		
SA Passport Number(IF SA	· · · · · · · · · · · · · · · · · · ·	ny position of p	ıblic office?		2 Do you bo	Id any position in local or foreign government?		
3. Does your occupation				-	hold any position in local or foreign government? a family member or close associate to any person mentioned above?			
	these questions is "yes", F			·e	4. Ale you a	ranny member of close associate to any person mentioned above.		
Employment Details	anese questions is yes,	tease complete	Questionium					
Educational Qualification	ns:					Type of Industry:		
Occupation Type:	Occupation:	Occupation:			Business Activity:			
Name of Employer:					Period Of employment:			
Address of Employer: Telephone:								
Monthly Renumeration(please Supply proof of current monthly renumeration and any additional income)								
Previous Employer: Telephone:								
Period of Employment w	ith previous Employer:		•					
Banking Details								
Name of Institute: Branch Name:					Branch Code:			
Type of Account:		Name of Account Holder:						
Account number: Name or Account Holder: Date Account Opened:								
Home Ownership Details								
Do you own Property?	If yes:		Please Spec	ify:				
If Renting Please Provide	'		1	-				
Contact Name:	Landiolds Details	Contact Number	er:					
-3		I somewhat italinde						



Transactional Details - Motor Vehicle/Equipment	(All new vehicles	financed is on an liar	ah basis which offers a fix	yed or variable renta	l option)	
Please Select:	(All Hew Verness	Tillanced is on an ijan	III Dasis Willelf Offers a 11.	ked of variable relies	порноп)	
Dealer/Supplier Name:		Contact:		Telephone:		
	e if used:	.1.	Purchase Price:			
Description of Motor Vehicle/Equipment:			4	Fixed Rental:	Variable Rental:	
Cash Deposit/Trade-In Available/Advance Rental:			Net Finance Required:			
Source of funds at initial deposit:			<u>·</u>			
Expected source of funds during business relations	hip:					
Period:	·	Balloon Payment/Res	sidual: %			
Valid Driver's License (If yes, Provide a copy):		Danies I Ly.	Tuda			
. 5						
Insurance Details: Existing Insurance Company/Broker Name:		Client	to arrange insurance:	If no a higher	profit mark-up will be applicable	
	Contact Number:	0	to arrange maaranee.	li no, a mane.	PIONE Mark-up will be applicable	
Contact Person:						
Security: Please furnish details in respect of assets or guara	entor which you can off	for as additional securit	y for the credit request:			
Fredse runnan details in respect or assets or gas. a	Type	el as auditional scou	y for the Grount roquest.		Value	
	.75-				Villag	
Any further information relevant to your application	on should be attached					
Marketing Options	2 1					
A. I would like to be included in any Telemarketing B. I would like to be included in any Marketing List						
C. I would like to be included in any mass distribut						
D. I would like to be informed about the services o	or products of any other	r company associated	with Al Baraka Bank and su	uch company may con	tact me	
directly. E. How would you like to receive your statements. I	Please confirm your em	nail address.				
Declarations and Warranties						
I confirm that:-						
A. I am not a minor.						
B. I have never been declared mentally unfit by a c C. I am not subject to an Administration Order.	ourt.					
D. I do not have any current application pending for	3	or alleviation.				
E. I do not have any current debt re-arrangement. F. I have not previously applied for a debt re-arrar						
G. I am not under sequestration, nor have i been s	sequestrated previously		The second secon			
H. I do not have applications pending for credit, n	or open quotations as	envisaged in section 92	of the National Credit Act	t.		
If any of the above are incorrect, state which and	d give details:					
1. I warrant that all information given to Albaraka						
and I agree that such information shall constitut provided by me.	te prima facie proof of	the facts contained the	erein. I undertake to notif	y the Bank of any cha	nges to the information	
	formation provided by r	me in order to perform	a credit assessment as rec	quired in terms of the	National Credit Act 2005.	
2. I acknowledge that the Bank will rely on the information provided by me in order to perform a credit assessment as required in terms of the National Credit Act 2005.						
3. I consent to the Bank verifying the information contained in this application and/or any other information furnished by me.						
4. I consent to the Bank furnishing any information and/or documentation in relation to any accounts, including my compliance with the conditions thereof, to any entity within the Al Baraka Banking Group, any bank, surety and any credit bureau and the National Credit Regulator as required by law.						
5. I hereby declare and warrant that I have complied with all applicable legislation and regulations governing all my activities and I shall continue to ensure compliance with all such legislation and regulations.						
6. I recognise and understand that the Bank is an accountable institution for the purpose of the Financial Intelligence Centre Act 38 of 2001 (FICA) and the regulations issued in terms thereof and, accordingly, I agree to provide such information or documentation as the Bank may require.						
7. If my application is successful, I agree that the facility granted to me by the Bank will only be available to me once I have signed the relevant agreement and once all conditions of the agreement have been fulfilled.						
8. I promise, if my Murabaha application is successful, to purchase the goods described in the invoice from the Bank after the first sale is concluded.						
9. By signature hereto, I consent to the Bank using my confidential personal information which may be protected by data protection legislation, for any lawful reason, or for any other lawful purpose prescribed or permitted by law to process this Application.						
Signature of Applicant		Date:				
Signature of Spouse Date:						



APPLICANT: DATE:						
	SECTION A					
MONTHLY INCOME	SELF	SPOUSE		NOTES		
NET SALARY(net of tax, pension, deductions)						
ALLOWANCES (specify)						
COMMISSIONS						
INCOME FROM INVESTMENTS						
RENTAL INCOME						
OTHER TOTAL PROPERTY.						
TOTAL INCOME						
MONTHLY EXPENDITURE						
RENT/LEVY				NOTES		
ELECTRICITY & WATER						
RATES &TAXES						
MAID/GARDENER						
SECURITY SYSTEM						
TELEPHONE			1			
CELLPHONE ACCOUNT						
GROCERIES/BUTCHER/FRUITS/VEG						
DOCTOR/CHEMIST						
MEDICAL AID SUBSCRIPTION						
SCHOOL/UNIVERSITY FEES						
ENTERTAINMENT/DINING/ETC						
TV RENTAL/M-NET, ETC						
CREDIT AGREEMENT REPAYMENTS*						
TRANSPORT/PETROL/OTHER MEMBERSHIP FEES						
DONATIONS						
LIFE ASSURANCE PREMIUM						
INSURANCE PREMIUMS - SHORT-TERM						
MAINTENANCE/ALIMONY						
BUDGETED SAVINGS						
OTHER						
OTHER						
OTHER						
TOTAL EXPENDITURE						
Deficit or Surplus						
*DETAILS OF CREDIT AGREEMENT REPAYMENTS TO BE FURNISHE AGREEMENTS, LEASES, CREDIT CARDS AND OTHER CHARGE CARI		JDES REPAYMENTS ON	MORTGAGE BONDS,INS	TALMENT SALE		
DETAILS OF CREDIT AGREEMENTS ENTERED INTO BY MYSELF:- (INCLUDE INFORMATION ON MORTGAGE BONDS, INSTALMENT SALE A	AGREEMENTS, LEASES, CF	REDIT CARDS, CHARGE (CARDS FROM RETAILERS)			
CREDIT PROVIDER	TYPE OF FINANCE	ORIGINAL AMOUNT	PRESENT BALANCE OUTSTANDING	MONTHLY REPAYMENTS		
TOTAL						
TOTAL MONTHLY PERAVMENTS ABOVE MUST A	CDEE TO CREDIT + CREE	AFNIT DED AVAIENTS III S	ECTION A			
* TOTAL MONTHLY REPAYMENTS ABOVE MUST A	IGKEE TO CREDIT AGREE/	MENT REPAYMENTS IN S	ECTION A			
DETAILS OF GUARANTEES/SURETYSHIPS SIGNED BY MYSELF:-						
PETALES OF GOMINANTIELS/ SURET FINITES SIGNED BT MITSELT:	DATE OF			PRESENT BALANCE		
BENEFICIARY	SURETYSHIP	INSTITUTION	DATE OF EXPIRY	OUTSTANDING		
	2221.01					
TOTAL						
I hereby certify that all the informtaion provided herein is true and credit agreement. $ \mbox{DATED AT}: \mbox{THIS} \mbox{ DAY OF} $	correct and all material	omission or misstateme	ent will give the bank the SIGNATUR	-		



APPLICANT: DATE:						
arital Status: Contract Type:						
			ASSETS			
	Stand	FIXED PROPERTY Street Name	l = 65 W	1	R	
Suburb	Number	Street Name	Type of Dwelling	Date Purchased		
OTHER MOVEABLE ASSETS(Eg.Ve	hicles, Furni	iture)				
COMPANIE			IN LISTED COMPANIES/LOAN A TIONS/LOAN ACCOUNTS IN CL		TRUSTS	
Type of In	vestment/Sh	nare	Where h	eld		
BANK BALANCES						
Type(Eg.Savings, Fixed Deposit,	Current Acc	ount, Etc)	Financial Ins	titution		
LIFE/RETIREMENT POLICIES		(D4.1.%, E(x))	I	Harasa Bara	CHORENDED VALUE	
Name of Company	C	over(RA,Life,Etc)	Amount	Maturity Date	SURRENDER VALUE	
TOTAL ASSETS						
			LIABILITIES			
FIXED PROPERTY					R OUTSTANDING BALANCE	
Suburb	Stand	Street Name	Bond Holder/Seller	Monthly Ponsyments	OUTSTANDING BALANCE	
Suburb	Number	Street Name	Bond Holder/Seller	Monthly Repayments		
INSTALLMENT SALES (HP'S/LEASE						
Finance Co	,	Types of Assets	Monthly Repayments Fi	nal Repayment Date		
BANK OVERDRAFTS/LOANS/ACCC	UNTS/CREDI	T CARD ACCOUNTS	<u> </u>	<u> </u>		
Type of Facility	Institution		Monthly Instalments Credit Facility			
CONTINCENT			l Paragraphic			
CONTINGENT LIABILITIES (Eg.Gu	arantees, Su	retyships, Notarial Bonds) Sta	ate Beneficiary and Institute	1		
TOTAL LIABILITIES						

If insufficient space provided, kindly submit additional information as attachments.

I hereby declare that this is a full, true and correct statement of my position and my assets are not encumbered other than as stated above.

THIS DAY OF

SIGNATURE: