

BRANCH APPLICATION FORM

AGENT CODE

NON-AGENT EMPLOYEE NUMBER

All of the information requested in this form is required by Bayport Financial Services 2010 (Pty) Ltd ("Bayport") to assess your application for the product offering you select. Make sure that you read and understand the questions in this application. If you do not complete all the information required on this form, Bayport will not be able to assess your application and will decline this application. In making this application you accept and understand that this is an application for a Bayport product and is not a promise that Bayport will approve this application.

1 APPLICANT DETAILS

TITLE FIRST NAME
 NAMES ALSO KNOWN AS (AKA)
 SURNAME
 MAIDEN NAME
 GENDER MALE FEMALE ID NUMBER
 ETHNIC GROUP BLACK AFRICAN COLOURED INDIAN/ASIAN WHITE
 HOME TELEPHONE CELL NUMBER
 EMAIL ADDRESS

PHYSICAL ADDRESS

POSTAL ADDRESS

SUBURB
 CITY/TOWN
 PROVINCE
 CODE
 RESIDENTIAL STATUS RENT OWN COMPANY PROVIDED HOSTEL LIVE WITH PARENTS OTHER
 PERIOD AT PRESENT ADDRESS Y Y M M
 MARITAL STATUS SINGLE MARRIED MARRIED CUSTOMARY WIDOWED DIVORCED
Out of community of property In community of property MARRIAGE
 LIVING TOGETHER SEPARATED NUMBER OF DEPENDENTS
 HAVE YOU APPLIED FOR DEBT REVIEW ADMINISTRATION SEQUESTRATION
 OR ARE YOU UNDER:

2 EMPLOYMENT DETAILS

NAME OF EMPLOYER
 BRANCH
 OCCUPATION EMPLOYMENT START DATE Y Y Y Y / M M / D D
 EMPLOYMENT STATUS PERMANENT PART TIME CONTRACT WORKER SELF EMPLOYED
 SALARY PAID MONTHLY ON DATE WEEKLY ON DAY M T W T F
 WORK TELEPHONE PAYROLL TEL NO
 EMPLOYER PHYSICAL ADDRESS
 SUBURB CITY/TOWN
 PROVINCE CODE

3 BANKING DETAILS

NAME OF ACCOUNT HOLDER

BANK NAME

BRANCH NAME BRANCH CODE

ACCOUNT NUMBER

ACCOUNT TYPE CHEQUE SAVINGS OTHER (SPECIFY)

PERIOD BANK ACCOUNT OPEN MONTHS YEARS PERIOD BANK ACCOUNT ACTIVE MONTHS YEARS

4 SPOUSE/ PARTNER DETAILS

TITLE INITIALS SURNAME

FIRST NAMES

DATE OF BIRTH Y Y Y / M M / D D HOME NUMBER

WORK TELEPHONE CELL NUMBER

EMAIL ADDRESS

5 NEXT OF KIN / RELATIVE / FRIEND – NOT RESIDING WITH YOU

CONTACT DETAILS

PHYSICAL ADDRESS

TITLE INITIALS ADDRESS

SURNAME

FIRST NAMES SUBURB

RELATIONSHIP CITY/TOWN

CELL NUMBER PROVINCE

HOME TELEPHONE CODE

EMAIL ADDRESS WORK TEL

6 INCOME AND EXPENSES

NET MONTHLY SALARY (as shown on payslip) → R . A

TOTAL MONTHLY LIVING EXPENSES → R . B
 This will be the total of your monthly accommodation (rent/bond repayments), transport, food, education, medical, water and electricity expenses

TOTAL OF MONTHLY REPAYMENTS → R . C
 This will be the total of your other monthly debt commitments

MONTHLY MAINTENANCE PAYMENTS → R . D
 This will be the amount (if any) that you pay to your spouse and/or ex-spouse in respect of maintenance

I, the undersigned, declare that all income and expense information which has been completed here is true and correct and can be used in the determination of my affordability.

X

SIGNATURE

X

NAME IN PRINT

PLEASE NOTE THAT:

- Bayport requires you to provide the following authentic additional documents to us when you submit this application:
 - your latest payslips; and
 - your latest bank statements showing your latest 3 salary deposits;
- The affordability assessment regulations require Bayport to use certain minimum amounts, based on your gross income, when conducting affordability assessments. Where the amount that you disclose in respect of your monthly living expenses is below the amount determined by the regulations, the amount determined by the regulations will be used; and
- Bayport will use the information declared above to perform an affordability assessment based on its own credit policy and scorecard rules to see if Bayport can enter into an agreement with you for the chosen Bayport product.

10**SIGNATURE**

I, the undersigned, declare that all information which has been completed on this form is true and correct and that all information provided about my income and expenses is a true reflection of my current financial position and if there are any other material facts that I believe could reasonably be relevant, I have made those material facts known.

X_____
APPLICANT SIGNATURE_____
NAME IN PRINT_____
TO BE SIGNED BY THE SPOUSE
IF THE APPLICANT IS MARRIED IN COP

DATE _____

PLACE _____

THIS APPLICATION MAY TAKE UP TO 5 WORKING DAYS TO PROCESS
DO NOT MAKE A BANK DEPOSIT OR PAY ANY MONEY TO THE AGENT

11**IF THIS FORM HAS BEEN COMPLETED BY AN AGENT:****X**_____
AGENT SIGNATURE_____
NAME IN PRINT

ID NUMBER _____

12**IF THIS FORM HAS BEEN COMPLETED BY ANYONE OTHER THAN AN AGENT:****X**_____
SIGNATURE_____
NAME IN PRINT

ID NUMBER _____

EMPLOYEE NUMBER _____

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