

|               |  |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|--|
| MEMBER NUMBER |  |  |  |  |  |  |  |
| FIRM NUMBER   |  |  |  |  |  |  |  |



FORM 00

**HOME LOAN APPLICATION CHECKLIST**

**CONFIDENTIAL**

| Required documentation |   | Completed by    | Attached |
|------------------------|---|-----------------|----------|
| 01                     | <b>Pension-backed home loan application</b><br><i>TCS Form 01 - For signature by applicant and spouse (where applicable)</i><br><i>This form Includes the income and expenditure analysis</i>   | Member          |          |
| 02                     | <b>Reason for the loan</b><br><i>A written explanation from the applicant describing what the intended use of the loan is, signed by the applicant</i>  | Member          |          |
| 03                     | <b>Proof of ownership</b><br><i>It could be any one of the following:</i> <ul style="list-style-type: none"> <li>• Stamped letter from Tribal Leader/Chief</li> <li>• Bond statement not older than 3 months</li> <li>• Title Deed</li> <li>• Tax invoice from Municipality that reflects rates (Rates and taxes statement)</li> <li>• Letter from the Local Municipality</li> </ul>        | Member          |          |
| 04                     | <b>Quotation for the intended use of the loan</b><br><i>It must be an official quotation from the intended supplier(s)/contractor</i>   | Member          |          |
| 05                     | <b>Building plans</b><br><i>Building plans would be required for construction work to be performed on a property. Normal renovations / non-structural changes e.g. paving, cupboards, tiling/carpeting, bathroom/kitchen renovations, replacing doors/windows etc. would not require plans. For these, mark the block as 'N/A' (Not applicable)</i>   | Member          |          |
| 06                     | <b>Copy of green bar-coded Identity document or Passport</b><br><i>FICA requirement - Clear copy required for both the employee and spouse (where applicable)</i>   | Member          |          |
| 07                     | <b>Proof of residence / Declaration of Residential Address</b><br><i>FICA requirement - not older than 3 (three) months. Any account statement from an NCR registered company that reflects your physical address / e.g. Utility bill, account statement mailed to home address (It should not be from TCS or Woolworths), if such a document is not available, TCS Form 02 is required</i> | Member          |          |
| 08                     | <b>Pay slips for 3 months for salaried staff / 4 weeks for weekly wage earners</b><br><i>Not older than 3 months</i>  | Member          |          |
| 09                     | <b>Bank statements for 3 months (statements must reflect salary deposit)</b><br><i>Not older than 3 months</i>  | Member          |          |
| 10                     | <b>Copy of marital certificate / Divorce order</b><br><i>If applicable</i>  | Member          |          |
| 11                     | <b>Personal information form</b><br><i>TCS Form 03 - For signature by applicant and spouse (where applicable)</i>   | Member          |          |
| 12                     | <b>Debit Order Instruction Form</b><br><i>TCS Form 04 - For signature by applicant and spouse (where applicable)</i>  | Member          |          |
| 13                     | <b>Pledge and cession undertaking</b><br><i>TCS Form 05 - For signature by applicant(s)</i>   | Member          |          |
| 14                     | <b>Compliance certificate from firm</b><br><i>TCS Form 06 - Letter from firm confirming employment of applicant and that to the best of the company's knowledge the applicant will use the loan for housing purposes in respect of the immovable property specified</i>   | Firm via Member |          |

|               |  |  |  |  |  |  |  |  |  |
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| MEMBER NUMBER |  |  |  |  |  |  |  |  |  |
| FIRM NUMBER   |  |  |  |  |  |  |  |  |  |



**FORM 01**

**PENSION-BACKED HOUSING LOAN – APPLICATION FORM** **CONFIDENTIAL**

**FUND MEMBERSHIP AND EMPLOYMENT DETAILS**

|                   |           |  |           |  |          |  |            |  |  |  |  |              |  |      |      |  |  |      |
|-------------------|-----------|--|-----------|--|----------|--|------------|--|--|--|--|--------------|--|------|------|--|--|------|
| Member            |           |  |           |  |          |  | Member no. |  |  |  |  |              |  | Fund | PIPF |  |  | SNPF |
| Employer          |           |  |           |  |          |  |            |  |  |  |  | Employee no. |  |      |      |  |  |      |
| Employment status | Full-time |  | Temporary |  | Contract |  | Occupation |  |  |  |  |              |  |      |      |  |  |      |

**PERSONAL CONTACT DETAILS**

|                                |                       |              |          |                        |                          |   |                                |   |                             |      |  |                         |        |          |  |        |  |
|--------------------------------|-----------------------|--------------|----------|------------------------|--------------------------|---|--------------------------------|---|-----------------------------|------|--|-------------------------|--------|----------|--|--------|--|
| Title                          |                       |              |          |                        |                          |   | First names                    |   |                             |      |  |                         |        | Initials |  |        |  |
| Surname                        |                       |              |          |                        |                          |   |                                |   |                             |      |  |                         |        |          |  |        |  |
| Applicant's race               | African               |              | Coloured |                        | White                    |   | Indian                         |   | Other (please specify)      |      |  |                         |        |          |  |        |  |
| ID Type                        | ID Book               |              | Passport |                        | Complete if passport     |   | Nationality                    |   |                             |      |  | Country passport issued |        |          |  |        |  |
| ID/Passport no.                |                       |              |          |                        |                          |   |                                |   |                             |      |  |                         | Gender | Male     |  | Female |  |
| Date of birth                  | d                     | d            | m        | m                      | c                        | c | y                              | y                                       |                             |      |  |                         |        |          |  |        |  |
| Marital status, contract       | Single                |              |          | *Cop                   | Married ANC with accrual |   |                                |   | Married ANC without accrual |      |  |                         |        |          |  |        |  |
| Place of residence             | SA                    | Non-resident |          |                        | Temporary resident       |   |                                | Resident of Namibia, Lesotho, Swaziland |                             |      |  |                         |        |          |  |        |  |
| Post matric qualification      | Certificate 24 months |              |          | Diploma 1 year         |                          |   | Diploma 2 years                |   |                             |      |  |                         |        |          |  |        |  |
|                                | Diploma 3 years       |              |          | Degree 3 and 3 years + |                          |   | Postgraduate diploma 12 months |   |                             |      |  |                         |        |          |  |        |  |
|                                | Honours               |              |          | Doctorate              |                          |   | Masters                        |   |                             | None |  |                         |        |          |  |        |  |
| Do you receive a social grant? | YES                   | NO           |          |                        |                          |   | Ever declared insolvent?       | YES                                     | NO                          |      |  |                         |        |          |  |        |  |

**CONTACT DETAILS**

|                      |  |  |  |        |  |  |                      |  |  |  |           |  |  |  |  |  |  |
|----------------------|--|--|--|--------|--|--|----------------------|--|--|--|-----------|--|--|--|--|--|--|
| Property address     |  |  |  |        |  |  |                      |  |  |  |           |  |  |  |  |  |  |
| Postal code          |  |  |  | Suburb |  |  |                      |  |  |  | Town/City |  |  |  |  |  |  |
| Residential address  |  |  |  |        |  |  |                      |  |  |  |           |  |  |  |  |  |  |
| Postal code          |  |  |  | Suburb |  |  |                      |  |  |  | Town/City |  |  |  |  |  |  |
| Telephone number (h) |  |  |  |        |  |  | Telephone number (W) |  |  |  |           |  |  |  |  |  |  |
| Cellphone number     |  |  |  |        |  |  | Fax                  |  |  |  |           |  |  |  |  |  |  |
| E-mail address       |  |  |  |        |  |  |                      |  |  |  |           |  |  |  |  |  |  |

**PROPERTY DETAILS**

|                  |  |  |  |  |             |  |           |  |  |          |  |  |             |  |  |  |  |
|------------------|--|--|--|--|-------------|--|-----------|--|--|----------|--|--|-------------|--|--|--|--|
| Property Address |  |  |  |  |             |  |           |  |  |          |  |  |             |  |  |  |  |
|                  |  |  |  |  |             |  |           |  |  |          |  |  | Postal Code |  |  |  |  |
| Suburb           |  |  |  |  |             |  | Town/City |  |  |          |  |  |             |  |  |  |  |
| Stand No.        |  |  |  |  | Portion No. |  |           |  |  | Unit No. |  |  |             |  |  |  |  |

**CREDIT ASSURANCE DETAILS - COMPULSORY**

|   |  |
|---|--|
| Credit Life Assurance is required by the Fund and underwritten by Momentum                        |  |
| Lumkani Fire Protection with Fire insurance (T's & C's apply) underwritten by Hollard and Stangen |  |

**LOAN DETAILS**

|   |                     |    |               |  |                      |  |                          |
|---|---------------------|----|---------------|--|----------------------|--|--------------------------|
| Existing pension-backed home loan   | YES                 | NO | UNSURE        | Please note that we will confirm if there is an existing loan. If so the additional credit will added to that loan |                      |  |                          |
| Preferred minimum payment (to be calculated and confirmed)  |                     |    |               | R  |                      |  |                          |
| New loan amount / additional funds required   |                     |    |               | R  |                      |  |                          |
| Application loan terms in months – Preferred loan term in months (term will be adjusted according to applicable rules, interest, retirement age and maximum allowed term) |                     |    |               |  |                      |  |                          |
| Purpose of loan   | Deposit on property |    | Purchase land |  | Purchase of property |  | Renovations/enhancements |

|               |  |  |  |  |  |  |  |
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| MEMBER NUMBER |  |  |  |  |  |  |  |
| FIRM NUMBER   |  |  |  |  |  |  |  |



**FORM 01**

**BENEFICIARY DETAILS (Account loan to be paid into)**

|                     | Beneficiary 1 |  | Beneficiary 2 |  | Beneficiary 3 |  |
|---------------------|---------------|--|---------------|--|---------------|--|
| Account holder name |               |  |               |  |               |  |
| Name of bank        |               |  |               |  |               |  |
| Account type        |               |  |               |  |               |  |
| Account number      |               |  |               |  |               |  |
| Branch name / code  |               |  |               |  |               |  |
| Amount              | R             |  | R             |  | R             |  |

*Official quotation(s) / plan(s) / receipt(s) with banking details to be attached*

|                     | Beneficiary 4 |  | Beneficiary 5 |  | Beneficiary 6 |  |
|---------------------|---------------|--|---------------|--|---------------|--|
| Account holder name |               |  |               |  |               |  |
| Name of bank        |               |  |               |  |               |  |
| Account type        |               |  |               |  |               |  |
| Account number      |               |  |               |  |               |  |
| Branch name / code  |               |  |               |  |               |  |
| Amount              | R             |  | R             |  | R             |  |

*Official quotation(s) / plan(s) / receipt(s) with banking details to be attached*

|                     | Beneficiary 7 |  | Beneficiary 8 |  | Beneficiary 9 |  |
|---------------------|---------------|--|---------------|--|---------------|--|
| Account holder name |               |  |               |  |               |  |
| Name of bank        |               |  |               |  |               |  |
| Account type        |               |  |               |  |               |  |
| Account number      |               |  |               |  |               |  |
| Branch name / code  |               |  |               |  |               |  |
| Amount              | R             |  | R             |  | R             |  |

*Official quotation(s) / plan(s) / receipt(s) with banking details to be attached*

| CLIENT AFFORDABILITY DETAILS    |   |  |                              |   |
|---------------------------------|---|--|------------------------------|---|
| Net salary: as per pay slip     | R |  | Other transport costs        | R |
| Spouse's income (if applicable) | R |  | Short-term insurance premium | R |
| Other income: (specify)         | R |  | Life assurance               | R |
| Other income: (specify)         | R |  | Funeral policies             | R |
| Total income                    | R |  | Groceries                    | R |
|                                 |   |  | Clothing                     | R |
|                                 |   |  | Pre-school/School/University | R |

| EXPENSES                      |   |  |                                 |   |   |
|-------------------------------|---|--|---------------------------------|---|---|
| Mortgage/Rent                 | R |  | Tuition fees                    | R |   |
| Loan/Overdraft                | R |  | Telephone and/or cellular phone | R |   |
| Credit card/Retail accounts   | R |  | Membership subscription         | R |   |
| Asset finance/Lease repayment | R |  | Personal loans                  | R |   |
| Other (please specify)        | R |  | In-store accounts               | R |   |
| Lights and water              | R |  | Bank charges                    | R |   |
| Rates and taxes               | R |  | Medical aid and/or bills        | R |   |
| Domestic worker               | R |  | Fuel                            | R |   |
| Gardening services            | R |  | Parking                         | R |   |
| Security services             | R |  | Other (please specify)          | R |   |
| Vehicle instalment            | R |  | LESS: Total expenses            | R | - |
|                               |   |  | Net income                      | R |   |

|               |  |  |  |  |  |  |  |
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| MEMBER NUMBER |  |  |  |  |  |  |  |
| FIRM NUMBER   |  |  |  |  |  |  |  |



**FORM 01**

| KINDLY SUBMIT THE FOLLOWING SUPPORTING DOCUMENTATION   | CHECKLIST REFERENCE |
|--|---------------------|
| <b>Proof of ownership</b><br><i>It could be any one of the following:</i> <ul style="list-style-type: none"> <li>• Stamped letter from Tribal Leader/Chief</li> <li>• Bond statement not older than 3 months</li> <li>• Title Deed</li> <li>• Tax invoice from Municipality that reflects rates (Rates and taxes statement)</li> <li>• Letter from the Local Municipality</li> </ul> | Item 03             |
| <b>Copy of green bar-coded identity document or passport</b><br><i>FICA requirement - Clear copy required for both the employee and spouse (where applicable)</i>  | Item 06             |
| <b>Proof of residence</b><br><i>FICA requirement - not older than 3 (three) months.</i><br><i>Any account statement from an NCR registered company that reflects your physical address / e.g. Utility bill, account statement mailed to home address (It should not be from TCS or Woolworths), if such a document is not available, TCS Form 02 is required</i>                     | Item 07             |
| <b>Pay slips for 3 months for salaried staff / 4 weeks for weekly wage earners</b><br><i>Not older than 3 months</i>   | Item 08             |
| <b>Bank statements for 3 months (statements must reflect salary deposit)</b><br><i>Not older than 3 months</i>   | Item 09             |
| <b>Debit Order Instruction</b><br><i>TCS Form 04</i>   | Item 12             |
| <b>Copy of Marital Certificate / Divorce Order</b><br><i>If applicable</i>   | Item 10             |
| <b>Official quotation(s) / plan(s) / receipt(s)</b>  | Item 04 & 05        |

**GENERAL TERMS**

- I/We acknowledge that the information given by me/us will form the basis on which my/our application is to be considered and that all such information is of material importance and directly relevant to the consideration of my/our application.
- I/We warrant that all information I/we gave is/are to the best of my/our knowledge and belief true and correct in all material respects and I am/we are not aware of any other information which, should it become known to you, would affect the consideration of my/our application in any way.
- I/We declare that the proceeds of the loan for which I am/we are applying will be used for housing purposes as described in the loan is subject to the Pension Funds Act, 24 of 1956 or any replacement legislation or regulations.
- I/We declare that the property is/will be my/our primary residence that is/will be occupied by me and/or my spouse and/or my dependant(s).
- I/We declare that:
  - 5.1 I am/we are the lawful owner/s;
  - 5.2 my spouse is the lawful owner;
  - 5.3 my spouse and I are the lawful owners
 of the property for which the proceeds of the loan will be used.
- I/We acknowledge that Transparent Consulting Services my/our Fund or any of its nominees reserves the right to inspect our premises to ensure that the loan is in fact being used for housing purposes.
- I/We consent to Transparent Consulting Services, my Fund and/or its administrator as well as my employer sharing any of my personal and financial information among them as may be required to proceed and implement this loan that I have applied for.
- I/We declare and warrant that:
  - 8.1 I/We have fully and truthfully disclosed my/our income and expenditure to you prior to signing this application;
  - 8.2 I am/we are not under debt counselling or subject to debt review;
  - 8.3 I/We have disclosed to you all other applications for credit that I/we have made to other credit providers, whether they have been processed or not at the date of this application;
- Entering into this agreement will not cause me/us to become over-indebted as set out in the National Credit Act.

|               |  |  |  |  |  |  |  |  |  |
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| MEMBER NUMBER |  |  |  |  |  |  |  |  |  |
| FIRM NUMBER   |  |  |  |  |  |  |  |  |  |



**FORM 01**

Signed at \_\_\_\_\_ on 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| C | C | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

Applicant's signature \_\_\_\_\_

Signed at \_\_\_\_\_ on 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| C | C | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

Signature on behalf of the employer (if applicable) \_\_\_\_\_

**FOR OFFICE USE ONLY**

|                                  |     |    |
|----------------------------------|-----|----|
| Was this application successful? | YES | NO |
|----------------------------------|-----|----|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| If Yes, insert the Momentum Life Assurance Policy number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Firm number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Member number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Agent Name \_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Employee Number

|                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Pension-Backed Housing Loan |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | CSA Ref |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|



|               |  |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|--|
| MEMBER NUMBER |  |  |  |  |  |  |  |
| FIRM NUMBER   |  |  |  |  |  |  |  |



**FORM 03**

**PERSONAL INFORMATION FORM** **CONFIDENTIAL**

In terms of section 92(2) of the National Credit Act No34 of 2005 ("the Act") **CSA Ref:**

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

*This Form tells you how TCS may use your personal information for certain business reasons. You are also asked to make certain choices where TCS needs your permission to use your personal information. You also confirm that you understand the legal consequences of both your acceptance to the use of your personal information and the choices that you make.*

**HOW TCS WILL USE YOUR PERSONAL INFORMATION**

**1. About this form**

- 1.1 This Form is an addition to all other agreements between you and TCS. If there is a term in this Form that is different from a term in another agreement that you have with TCS, the terms of this Form will apply.
- 1.2 If more than one person signs this Form, the word "I" must be read as "we".
- 1.3 The word "TCS" means Transparent Consulting Services (Pty) Ltd (a member of the Transparent Group) Registration number 2015/360159/07, and includes all subsidiaries and associates of TCS.
- 1.4 The word "use" means any uses of or activities relating to personal information, including the collection, recording or its sharing within other entities within TCS.

**2. How TCS will use your personal information**

- 2.1 Any of TCS's operators or agents may use your personal information. This includes TCS's sub-contractors and their agents, professional advisers and any other similar third parties. These third parties will be bound to confidentiality agreements.
- 2.2 TCS may use and keep your information for as long as necessary or allowed for any of the following purposes:
  - legal and regulatory
  - crime prevention
  - credit risk management services
  - marketing (with your consent)
  - research (with your consent)
  - internal reporting and approval processes and policy requirements.
 This includes when you are no longer a client of TCS.
- 2.3 For TCS to manage its risks, you accept that TCS may receive and provide your personal information, including information about how you conduct your accounts, to:
  - credit risk management services (including credit bureau); and
  - crime prevention agencies.

**3. TCS must check your information**

- 3.1 TCS must comply with national and international laws, regulations, policies, rules and requirements to prevent criminal activities, money laundering and terrorist financing, sanctions and prohibited business activity laws and rules violations. TCS must therefore check all information from and about you and monitor and screen your information at the time of your application. This may cause some delays with your housing loan application. TCS may also have to end its relationship with you without warning.
- 3.2 **TCS is not responsible for any losses or damages that you suffer because of these checks or by TCS ending the relationship.**

**4. Consent to make use of your personal information**

4.1 **Marketing Consent**  
At times, TCS will want to tell you about products, services, special offers and research that TCS believes may interest you. If you do not want us to contact you with this type of information, you must tell us by filling in this part of the Form. If you do not fill in this part, TCS will take it that you accept to receive these communications at any time and in any of the ways stated below.

TCS **may** contact me in the following ways:

|         |       |      |           |
|---------|-------|------|-----------|
| SMS/MMS | Email | Post | Telephone |
|---------|-------|------|-----------|

(You can select one of the above)

Or

TCS **may not** contact me.

• This choice will replace any choices you have made before this date.

|               |  |  |  |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|--|--|--|
| MEMBER NUMBER |  |  |  |  |  |  |  |  |  |
| FIRM NUMBER   |  |  |  |  |  |  |  |  |  |



**FORM 03**

- This choice does not limit TCS’s right to contact you:
  - about the administration of any goods and services that we provide; or
  - in our dealings with you; or
  - in terms of our duties under any laws.

**Changing your marketing consent**

If, in the future, you do not want TCS to market directly to you, you can stop this by:

- filling in a Form online at [homeloans@tcs.co.za](mailto:homeloans@tcs.co.za) or at any SATU regional office;
- contacting TCS’s call centre;
- registering a block on any register which TCS legally must recognise.

TCS will not charge you a fee to change your consent.

If you change your marketing choice, TCS will make these changes as soon as possible. **Upon receipt of your notification, it may take up to 30 (thirty) days for us to remove your information from TCS’s marketing channels.**

**4.2 Default Notice Delivery**

Should I/we be in default under any credit agreement with TCS that is governed by the NCA, I/we choose that the prescribed notice to inform me/us of my/our default and my/our rights, be delivered to me/us.

**Please tick (✓) one of these options**

- By registered mail to my last address provided to you
- To an adult person at my last physical address provided to you

Please provide physical (street) address if details differ from your last physical address provided

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**4.3 Third-party credit risk management**

Other parties sometimes ask TCS for information about your credit status because you have applied for credit with them. TCS cannot give this information to them without your permission.

**Please choose below:**

- I **give** TCS permission to give such information;
- Or
- I **do not give** TCS permission to give such information. **TCS will not be responsible for any consequences from this such as that you may not be able to get credit from these other parties.**

**YOUR PERSONAL DETAILS**

|                      |  |                      |  |          |  |
|----------------------|--|----------------------|--|----------|--|
| Title                |  | First Names          |  | Initials |  |
| Surname              |  |                      |  |          |  |
| ID No/Passport No    |  |                      |  |          |  |
| Telephone number (h) |  | Telephone number (W) |  |          |  |
| Cellphone number     |  | Email                |  |          |  |

\_\_\_\_\_  
Applicant's Signature

Date

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | C | C | Y | Y |
|---|---|---|---|---|---|---|---|



|               |  |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|--|
| MEMBER NUMBER |  |  |  |  |  |  |  |
| FIRM NUMBER   |  |  |  |  |  |  |  |



FORM 04

**DEBIT ORDER INSTRUCTION – HOUSING LOAN**

|                   |                |
|-------------------|----------------|
| NAME OF DEBTOR:   | UNION NO:      |
| Physical Address: | ID NO:         |
|                   | Cell Number:   |
|                   | Email Address: |

Dear Sirs, I confirm that the details of my/our bank account are as follows:

|                 |                 |  |                      |             |                |  |  |
|-----------------|-----------------|--|----------------------|-------------|----------------|--|--|
| BANK            |                 |  |                      |             |                |  |  |
| ACCOUNT HOLDER  |                 |  |                      |             |                |  |  |
| ACCOUNT NUMBER  |                 |  |                      |             |                |  |  |
| BRANCH NAME     |                 |  |                      | BRANCH CODE |                |  |  |
| TYPE OF ACCOUNT | SAVINGS ACCOUNT |  | TRANSMISSION ACCOUNT |             | CHEQUE ACCOUNT |  |  |

**For identification purposes and proof of the above information ONE of the following documents MUST be attached: a cancelled cheque; OR Copy of a bank statement; OR A letter from the bank.**

**NB: In the case of the Bank Account Name being different from your own, you must supply us with either:**

1. Power of Attorney from the account holder; or
2. Proof of joint account; or
3. Where the account is in an entity's name, authorization on the entity's letterhead signed by an official of the entity e.g., in the case of a company, by a duly authorised director thereof.

Please indicate with an **X** which date we must use for deductions:  25<sup>th</sup> day of each month  1<sup>st</sup> day of each month

I hereby authorize you to draw against my account with the abovementioned bank (or any other bank or branch to which I may transfer my account) the sum of the amount necessary for payment of the monthly premium in respect of my TCS Housing Finance - Pension-Backed Housing Loan on the **above selected day of each and every month commencing on** \_\_\_/\_\_\_/\_\_\_\_\_ and continuing (as the case may be). I understand that the aforementioned amount may increase on 1 January of each year and that the Administrator will inform me prior to this increase happening. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me personally.

I understand that the withdrawals hereby authorized will be processed by computer through a system provided by the South African Banks, and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. This authority may be cancelled by me giving you thirty days' notice in writing, set by prepaid registered post, but I understand that I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to TCS Housing Finance - Pension-Backed Housing Loan. Receipt of this instruction by you shall be regarded as receipt thereof by my bank (whichever it is or will be).

**ASSIGNMENT:**

I acknowledge that the party hereby authorized to effect the drawing against my account may not cede or assign any of its rights to any third party without my prior consent and that I may not delegate any of my obligations in terms of this authority to any third party without prior written consent of the authorized party.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

ASSISTED BY: \_\_\_\_\_  
(Where legally necessary)

|               |  |  |  |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|--|--|--|
| MEMBER NUMBER |  |  |  |  |  |  |  |  |  |
| FIRM NUMBER   |  |  |  |  |  |  |  |  |  |



**FORM 05**

**PLEDGE AND CESSION UNDERTAKING** **CONFIDENTIAL**

I, the undersigned:

|                   |  |             |  |          |  |  |  |  |  |  |  |  |  |  |
|-------------------|--|-------------|--|----------|--|--|--|--|--|--|--|--|--|--|
| Title             |  | First Names |  | Initials |  |  |  |  |  |  |  |  |  |  |
| Surname           |  |             |  |          |  |  |  |  |  |  |  |  |  |  |
| Member Number     |  |             |  |          |  |  |  |  |  |  |  |  |  |  |
| ID No/Passport No |  |             |  |          |  |  |  |  |  |  |  |  |  | do hereby confirm that I am a member of the: |

|  |                                     |  |
|--|-------------------------------------|--|
| <b>Printing Industry Pension Fund for SATU Members</b> | <b>SATU National Provident Fund</b> |  |
|--|-------------------------------------|--|

I have applied to Transparent Consulting Services (Pty) Ltd (“TCS”) for a loan contemplated in section 19(5) of the Pension Funds Act 24 of 1956.

The Fund has agreed to be bound as surety and co-principal debtor in favour of TCS for the due fulfilment of my obligations under the loan agreement should my application be approved.

Should the application be approved and a loan agreement be entered into between myself and TCS, I agree that I will unconditionally pledge any benefits that may become due to me in terms of the rules of the Fund, to the Fund and/or its successor-in-title.

**Pledge**

In terms of section 19(5) of the Pension Funds Act, I hereby irrevocably pledge and cede in favour of the Fund and/or its successor-in-title which hereby accepts such pledge and cession any benefits which may become payable to me or to my dependants or nominees in terms of the rules of the Fund, to the extent of the full settlement value of the loan granted to me by TCS. I furthermore hereby undertake and warrant that I have not nor will I at any time hereafter, pledge my retirement fund benefit to any other party without first having obtained the written consent of TCS.

In order to perfect the pledge, the Fund will hold the rights to the benefits to which I am entitled from time to time in terms of the fund rules and the benefits will be delivered to the Fund upon the granting of the loan by TCS to me by virtue of endorsement to this effect.

The Fund will ensure that my member record is endorsed to the effect that this pledge and cession has been given by me in its favour.

Signed at \_\_\_\_\_ on 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| C | C | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Witness signature

To be transposed onto the company's letterhead

Transparent Consulting Services (Pty) Ltd  
4 Estcourt Avenue  
Wierdapark  
Centurion  
0157

Date:

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**COMPLIANCE CERTIFICATE**

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With reference to the application for a pension-backed loan by \_\_\_\_\_  
\_\_\_\_\_ (“Applicant”) from Transparent Consulting Services  
(Pty) Ltd (“TCS”) in the amount of R\_\_\_\_\_ (amount in words),  
the undersigned, \_\_\_\_\_ in my capacity as Director  
herein representing \_\_\_\_\_ (“Employer”) herewith  
confirms as follows:

1. The applicant is employed by the Employer as follows:

- 1.1 Position: \_\_\_\_\_
- 1.2 Employee Number: \_\_\_\_\_
- 1.3 Monthly Income: \_\_\_\_\_
- 1.4 Full Time Employee: Yes/No: \_\_\_\_\_

2. To the best of our knowledge the applicant will use the loan for housing purposes in respect of the immovable property situated at :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed at \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
For and on behalf of the Employer

Duly authorised thereto

Full Names : \_\_\_\_\_

Capacity : \_\_\_\_\_