

<b>SMME LOAN APPLICATION FORM</b>										Date: ..... / ..... / .....			
Originating office: Ondangwa <input type="checkbox"/> Oshakati <input type="checkbox"/> Rundu <input type="checkbox"/> Walvis Bay <input type="checkbox"/> Windhoek <input type="checkbox"/> Other <input type="checkbox"/>													
<b>1. PERSONAL DETAILS OF APPLICANT</b>													
First name:						Date of birth: ..... / ..... / .....							
Surname:						Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>							
Namibian ID no.													
<b>ADDRESS &amp; CONTACT DETAILS OF APPLICANT</b>													
Residential address:													
Postal address:													
Cellphone no.						Telephone no.							
<b>2. DETAILS OF BUSINESS</b>													
Name of business													
Physical address:													
Postal address:													
Region:						Constituency:							
Cellphone no:						Telephone no:							
<b>3. TYPE OF BUSINESS</b>													
Construction <input type="checkbox"/> Manufacturing/Production <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Other <input type="checkbox"/>													
<b>4. DETAILS OF LOAN APPLIED FOR</b>													
Loan amount requested: N\$						Duration:							
Repayment date (please indicate with a tick):				7th		15th		20th		25th		30th	
<i>Please note that any request to change the repayment date should be communicated in writing and duly authorised by Kongalend</i>													
Purpose of loan:													
How much can you afford to pay each month? N\$													
<b>Compulsory Cash Security:</b> Loans from N\$1,000-N15,000 = <b>12%</b> <input type="checkbox"/> Loans from N\$30,001-N50,000 = <b>30%</b> <input type="checkbox"/> N\$15,001-N30,000 = <b>20%</b> <input type="checkbox"/> N\$50,001 and over = <b>35%</b> <input type="checkbox"/>													
<b>Are you in a position to provide us with a guarantor for the loan for which you are applying?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>													
<b>5. INSURANCE</b>													
<b>5.1</b> I have been informed that I have a free choice in respect of the registered insurer and the registered insurance agent through whom I can insure the assets financed and the credit extended to me by Kongalend Financial Services (Pty) Ltd. I do not have any preference in terms of the aforementioned and hereby authorise Kongalend Financial Services (Pty) Ltd to arrange suitable insurance covers on my behalf as indicated below: <b>Please tick the appropriate section</b>													
<b>5.2</b> <input type="checkbox"/> <b>APPLICATION FOR PERSONAL ACCIDENT INSURANCE</b>													
<b>5.2.1</b> I wish to cede the benefits in terms of the Quanta Personal Accident Policy to Kongalend as security for any liability I may have to Kongalend in terms of my loan.													
<b>5.2.2</b> I understand that the cover by the Quanta Personal Accident Policy are for death, permanent or temporary disability and retrenchment.													
<b>5.2.3</b> I understand that certain cover in terms of this policy will decrease over the period of the loan and will lapse at the end of the loan term.													
Maximum entry age: 65 years. All cover ceases at age 70.													
<input type="checkbox"/> I am not aware of any decisions reached or proceedings, which may lead to the termination of my employment.													
I declare that taking out the above cover was effected by me voluntarily and that it has not been made a condition of granting the loan.													

**5.3  APPLICATION FOR ASSET PROTECTOR INSURANCE**

- 5.3.1 I understand that the assets financed in terms of this application are covered against **damage caused by fire, lightning, thunderbolt, explosion, earthquake, storm, wind, hail, snow, subsidence and landslip**, subject to the terms and conditions as per the applicable section.
- 5.3.2 I understand that the Quanta Asset Protector Policy does not provide theft or burglary cover.

I declare that taking out the above cover was effected by me voluntarily and that it has not been made a condition of granting the loan.

**MEDICAL DECLARATION REQUIRED FOR SECTION 3.2**

I, ....., also understand, agree and where applicable declare that I have not received any treatment from any Medical Practitioner during the past two years or been hospitalised or undergone hospital treatment or specialist investigation as a result of any form of disability or heart attack or heart disease, raised cholesterol, high blood pressure, stroke, cancer, kidney disease, diabetes, muscular-skeletal disorders, impaired vision, nervous disorder or AIDS-related condition.

If the above declaration cannot be made without qualification, please provide the name(s) of doctor(s) and/or full details of hospitals, duration of treatment(s), tests and extent of recovery, or the most recent level of warning received, the nature and degree of misconduct and the date thereof.

Signed: ..... Date: .....

**INSURANCE DECLARATION FOR COVERS SELECTED ABOVE**

This application and the Master Policy will form the basis of the insurance contract between the applicant, Kongalend and Quanta. I declare that I have the legal capacity to enter into contracts and that I have read and understood all the above and the implications thereof. I also declare that all the information provided is true.

Signed: ..... Date: .....

How did you hear about Kongalend? Radio  Word-of-mouth  Kongalend staff  Newspaper(s)  Kongalend client  Other

<b>DECLARATION</b>	<b>Applicant's signature</b>
<i>I declare that the information I have given is true and correct and hereby give Kongalend the right to register me as a customer on their database and to conduct a credit bureau check. This application together with the Loan Approval Form (which is issued to successful applicants after approval of their loan), constitute an agreement between me and Kongalend. If this application is approved, Kongalend is also entitled to provide details of the manner in which I conduct my account to the credit bureau(x).</i>	

Name of Loan Officer / Client Advisor completing this form:

Signature:

**For office use**

**7. APPLICANT MEETS ALL QUALIFYING CRITERIA**

Applicant's age is from 18-60: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Applicant is a Namibian citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	Applicant's ID has been submitted: Yes <input type="checkbox"/> No <input type="checkbox"/>
Business has operated for at least 12 months: Yes <input type="checkbox"/> No <input type="checkbox"/>	Business is owner-driven: Yes <input type="checkbox"/> No <input type="checkbox"/>

**8. REVIEW OF APPLICATION BY SUPERVISOR**

Application is accepted: Yes <input type="checkbox"/> No <input type="checkbox"/>	If <b>NO</b> , reason for rejection:
<input type="checkbox"/> Loan repayment history not satisfactory (applicable to repeat loan applications)	
<input type="checkbox"/> Business activity excluded	<input type="checkbox"/> Viability of business doubtful
<input type="checkbox"/> Applicant cannot provide guarantor	<input type="checkbox"/> Applicant does not provide full information
<input type="checkbox"/> Other (please specify):	
Date: ..... / ..... / .....	Signature of Supervisor performing checks:

**9. LOAN OFFICER ASSIGNED TO ASSESS APPLICATION**

Name of Loan Officer:	Date: ..... / ..... / .....
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