

SMME LOAN APPLICATION FORM										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"/>													
1. PERSONAL DETAILS OF APPLICANT													
First name:										Date of birth: / /			
Surname:										Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>			
Namibian ID no.													
ADDRESS & CONTACT DETAILS OF APPLICANT													
Residential address:													
Postal address:													
Cellphone no.										Telephone no.			
2. DETAILS OF BUSINESS													
Name of business													
Physical address:													
Postal address:													
Region:							Constituency:						
Cellphone no:										Telephone no:			
3. TYPE OF BUSINESS													
Construction <input type="checkbox"/> Manufacturing/Production <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Other <input type="checkbox"/>													
4. DETAILS OF LOAN APPLIED FOR													
Loan amount requested: N\$										Duration:			
Purpose of loan:													
How much can you afford to pay each month? N\$													
Compulsory Cash Security:													
Loans from N\$1,000-N15,000 = 12% <input type="checkbox"/> N\$15,001-N30,000 = 20% <input type="checkbox"/>													
Loans from N\$30,001-N50,000 = 30% <input type="checkbox"/> N\$50,001 and over = 35% <input type="checkbox"/>													
Are you in a position to provide us with a guarantor for the loan for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/>													
5. INSURANCE													
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 apply for a credit life insurance policy to be taken out as security on the repayment of the loan extended to me.													
Please tick the appropriate section:													
<input type="checkbox"/> I do not have any preference and hereby authorise Kongalend Financial Services (Pty) Ltd to arrange a suitable long-term insurance policy with the insurer of its choice, currently Hollard Life Namibia Limited.													
<input type="checkbox"/> I wish to cede the following policy to Kongalend as security for the loan extended to me:													
Policy issued by policy no..... surrender value N\$..... (must cover the loan amount and equal cover as the policy provided by Hollard Life Namibia Limited.													
All benefits will be paid in accordance with the terms and conditions of the Master Policy, details of which are available on request. This application and the Master Policy will form the basis of the insurance contract between the applicant and Hollard Life Namibia Ltd.													
I declare that choosing Hollard Life Namibia has not been made a condition of granting the Kongalend loan as I have been offered the choice of alternative insurance arrangements through my own intermediary and/or company.													

6. APPLICATION FOR CREDIT LIFE INSURANCE

Cover: Death (any cause) & Permanent Disability (Lump Sum)
 Temporary Disablement (Payment of the monthly instalment up to a maximum of 12 months)
 Retrenchment Cover (Payment of monthly instalments up to a maximum of 6 months)

Original sum insured: N\$.....

Maximum entry age: 60 years All cover ceases at age 65.

I understand that the original sum insured by Hollard Life Namibia Limited under this section of the policy will decrease over the period of the loan and will lapse at the end of the policy term.

I, the life insured, 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.

I am not aware of any decisions reached or proceedings, which may lead to the termination of my employment.

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.

.....

I declare that I have the legal contractual capacity to enter into contracts and that I have read and understand 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

DECLARATION	Applicant's signature
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).	

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 No

Applicant is a Namibian citizen: Yes No Applicant's ID has been submitted: Yes No

Business has operated for at least 12 months: Yes No Business is owner-driven: Yes No

8. REVIEW OF APPLICATION BY SUPERVISOR

Application is accepted: Yes No If **NO**, reason for rejection:

Loan repayment history not satisfactory (applicable to repeat loan applications)

Business activity excluded Viability of business doubtful

Applicant cannot provide guarantor Applicant does not provide full information

Other (please specify):

Date: / / Signature of Supervisor performing checks:

9. LOAN OFFICER ASSIGNED TO ASSESS APPLICATION

Name of Loan Officer: Date: / /