



***Documents that MUST accompany this application:**
- see bottom of page

One Account Application

Customer Relationship Centre 0860 FNB ONE
0860 362 663
Fax the completed application form to 0861 334 474

Are you an existing One Account holder? Yes No

If yes, One Account number _____

If yes, are you: Adding a property to your facility Selling one property and buying another property

Looking to increase your facility size (without additional property) Requiring a further loan Amount _____

If not an existing One Account holder,

Do you wish to convert an existing FNB home loan account? Yes No Do you wish to convert an existing FNB cheque account? Yes No

FNB home loan account number _____ FNB cheque account number _____

Are you a FirstRand staff member? Yes No If yes, employee number _____

Primary Applicant

Personal Details

Language English Afrikaans

Ethnic Group Asian Black Coloured White

Title _____

Surname _____

First Name/s as per ID _____

ID / Passport Number _____

Country of Issue _____

*Permit Number _____

Date of Issue _____ *Certificate required

Date of Birth _____

Gender Male Female

Number of Dependents

Marital Status Married Single Divorced Widowed
Other partnership

Does a COP contract exist in your partnership Yes No

If married, how are you married? ANC COP Other

Have you ever been declared insolvent? Yes No

Have you been rehabilitated? Yes No

If yes, rehabilitation date _____

Tax reference no _____

If registered for VAT, VAT reg no _____

Present _____

Physical Address _____ Code _____

Present _____

Postal Address (if different from the physical address) _____ Code _____

Is future postal/physical address the same as present postal/physical address? Yes No

Co-applicant

Language English Afrikaans

Ethnic Group Asian Black Coloured White

Title _____

Surname _____

First Name/s as per ID _____

ID / Passport Number _____

Country of Issue _____

*Permit Number _____

Date of Issue _____ *Certificate required

Date of Birth _____

Gender Male Female

Number of Dependents

Marital Status Married Single Divorced Widowed
Other partnership

Does a COP contract exist in your partnership Yes No

If married, how are you married? ANC COP Other

Have you ever been declared insolvent? Yes No

Have you been rehabilitated? Yes No

If yes, rehabilitation date _____

Tax reference no _____

If registered for VAT, VAT reg no _____

Present _____

Physical Address _____ Code _____

Present _____

Postal Address (if different from the physical address) _____ Code _____

Is future postal/physical address the same as present postal/physical address? Yes No

*Documents that MUST accompany this application:

- Copy of ID Document
- Copy of Payslip
- Copy of permanent residence certificate, if applicable
- If self-employed, copy of business financial statements and letter from auditor
- Document reflecting residential address
- Bank and bond statements if not banking with FNB

NOTE: Should the relevant documents not be supplied at time of application, this could slow down the grant of your facility



Primary Applicant

Future Postal Address _____
_____ Code _____
Telephone (home) _____
Telephone (work) _____
Cellular _____
Fax _____
E-mail address _____

What is your preferred method of communication? Select any two.

Telephone Fax E-mail Mail SMS

Banking details - (If existing FNB customer, complete only account number)

Bank account number _____
Bank _____
Branch _____

Employment details

Employment Status Employed * Self Employed

* Business Financial Statements required.

Type of employment Permanent Contract Temporary

Occupation _____

Name of Employer _____

Address of Employer _____
_____ Code _____

Length of Service/Period of own Business (months) _____

Employer Operating for (months) _____

Employee Number _____

*Type of Income Wages Payslip Bank Statements
None *Salary slip required

Weekly Wages (Rands) _____

Monthly Salary (Rands) _____

Other Monthly Income Car _____
Travel _____
Rent _____
Overtime _____
Commission _____
Other _____
TOTAL _____

Previous Occupation _____

Previous Length of Service (months) _____

Name of Previous Employer _____

Employer Subsidised Loan? Yes No

Employer Guarantee Yes No

Collateral Amount _____

Co-applicant

_____ Code _____

Telephone Fax E-mail Mail SMS

Employment Status Employed * Self Employed

* Business Financial Statements required.

Permanent Contract Temporary

_____ Code _____

Wages Payslip Bank Statements
None *Salary slip required

Car _____
Travel _____
Rent _____
Overtime _____
Commission _____
Other _____
TOTAL _____

Yes No

Yes No

Property/ies details

	Address of the property you wish to include in your One Account, including Erf No./Portion No. (Please state town)	Type of property (Freehold or Sectional Title)	Owner occupied / Rental stock	In whose name is the property currently registered?	In whose name should the covering bond be registered?	At which institution is the current home Loan and account number?	Current bond amount at current institution and interest rate	Property assessment contact person and details	New loan amount required (1)	Amount of future use requirement (Higher registered bond amount) (2)	Total bond amount to be registered (New loan amount) (1) + (2)
1											
2											
3											
4											
5											
TOTAL											
Is the 10% revolving portion required? (Additional overdraft facility of up to 10% of the value of the property/ies)											
										Y	N

Banking Council of South Africa Code of Banking Practice

Disclosure by bank

1. First Rand Bank Limited subscribes to the Code of Banking Practice of the Banking Council of South Africa, a copy of which is available from any branch of the bank.
2. We shall comply with the banker's common law duty of secrecy with respect to your financial affairs.

Consent of the applicant(s):

I/We, the undersigned, hereby give consent to you to give information about me/us to other companies within your group marketing purposes as set out in paragraph 2.8.1 of the Code of Banking Practice of the Banking Council of South Africa. Paragraph 2.8.1 reads as follows: "In order to enhance our existing relationship with you, we may give certain information about you to other subsidiaries within our group for marketing purposes. We may also tell you about another company's services or products and, if you respond positively, you may be contacted directly by that company".

I/We do hereby declare that I/we in my/our own personal capacity chose the products on my/our accord.

"I acknowledge that in processing my application, the Bank will be entitled to access to any information relating to the state and conduct of any account I may have with FirstRand Bank Limited and any information recorded with any credit bureau or similar agency. I confirm that any information relating to the state and conduct of any facilities granted to me, if this application is successful, may be disclosed to and used by any other division of FirstRand Bank Limited and any credit bureau or similar agency."

Signature of Estate Agent,
Introducer or Developer _____

Signature of Applicants _____ Date _____

INTERNAL USE ONLY: Application Source

EA MO Networking Branch Call Centre Bancassurance

FNB Consultant Details (Branch Banking, Bancassurance, Estate Agent, Networking Sales, Mortgage Originator)

Surname _____

First Names _____

Cellphone No. _____ Fax No. _____

Estate Agency Name _____

Agent's/Consultant's Name _____

eBucks Account No. (Only applicable to Estate Agents) _____

Catchment Area _____ Employee No. _____

Outlet Name _____

Attorney Firm Selected _____

Balance Sheet

To be used for the recording of the financial positions of private individuals and other non-corporate legal entities such as partnerships, syndicates, joint ventures, etc.

of _____

as at _____

Note: If married **in** Community of Property, or, if married **out** of Community of Property and the spouse has not furnished the bank with an unlimited suretyship in favour of the Bank declaring **the assets and liabilities of a spouse are not to be included.**

Contingent Liabilities at above date:	Amount
As guarantor of surety for others, viz.:	
	R

* Delete that which is not applicable

In the case of individuals, give the following information:-

- * Married in/out of Community of Property
- * Unmarried

Date of birth _____

I/We hereby declare that this statement is given to **FNB** as proof of/our position, and that it is a full, true and correct statement. I further declare that no General or Special Notarial Bond or other Charge is current over my assets detailed apart from the bonds stated and that no fixed properties have been brought or sold under Deed of Sale except as detailed on page 3.

Signature _____

Signature _____

Date _____

Date _____

Liabilities		
Due to Bank viz.:		
Bills payable		
Open Accounts (e.g. Edgars, Truworths)		
Owing under Hire Purchase Agreements, e.g. Furniture		
Other Short Term Liabilities, Viz. (e.g. Personal loans, Vehicle finance)		
Long Term Liabilities. (e.g. other home loans)		
Contingent Liabilities (e.g. Guarantee signed in favour of someone/something else)		
	Total	

Statement of Expenditure as at _____

Monthly Expenses	Amount	Monthly Expenses	Amount
Accommodation		Brought forward	
Bond Repayments		Sundries	
Rent/Board and Lodging		Alimony/Maintenance	
Water and Lights		Liquor	
Rates and Taxes		Cigarettes	
Household		Chemist (non-medical)	
Wages Household Staff		Dry Cleaning	
Telephone		Shoe/Clothing Repairs	
Pool/Tennis Courts/Garden		Church	
Household Maintenance		Union Fees	
General Hardware		Nappy Service	
Groceries		Provision for Savings	
Pet Food and Vet Costs		Appliance Repairs	
Medical		Stationery/Stamps	
Medical Aid Subscriptions		Hairdresser	
Costs in excess of benefits		Monthly Provision for Annual Payments	
Chemist		Hobbies	
Medical Insurance		Licences/Taxes	
Travelling		Cars	
Fuel		Caravans	
Parking		Trailers	
Train/Bus		Bikes	
Entertainment		Radio/TV	
Allowances/Clothing		Rates	
- Personal		Provisional Tax	
- Spouse			
- Children			
Paper/Magazines			
Gifts/Donations			
Insurance		Fees	
Life, Endowment Assurance		Club	
House Building Insurance		MNet/DSTV	
- Contents Cars/Boats/Trailers		TV Rental	
Retirement Annuities		University fees/Higher education	
Funeral		School Fees	
UIF		Books	
Accident		Creche/After-school Fees	
HP and Open Accounts (e.g. Edgars, Vehicle finance)		Social Club	
1			
2		Total Monthly Expenditure	
3		Monthly Income	
4		Net Salary - Self	
5		Net Salary - Spouse	
6		- *Net of tax, pension and other deductions	
Bank Accounts		Interest	
Loans etc.		Rental	
Interest on O/D's, etc.		Dividends	
Bank Charges		Subsidies	
Credit Card Payment (Ord.)		Reimbursive Allowance	
Credit Card Payment (Bud.)		- **Petrol, travel, parking expenses, etc.	
Personal Loan Repayments			
Study Loan Repayment			
		Total Monthly Income	
		Less Total Monthly Expenditure	
Subtotal		Surplus (Deficit)	

Signature _____ Date _____

Signature _____ Date _____