

**ESRIC**

Ensuring your tomorrow, today.

LOAN APPLICATION FORM

Complete where applicable / Please complete in BLOCK LETTERS / Write NONE Where appropriate

PERSONAL DETAILS (Imininingwane lecondzene nemnikati wepholisi)

Policy Number (Inombolo yepholisi)

Full Name of Applicant (Ligama lalowo lofaka sicelo)

(Khetsa njengoba kufanele)

Mr

Mrs

Miss

Current Address (Likheli kulesikhatsi)

Date of Birth (Lilanga lekutalwa)

DD / MM / YYY

Nationality (Buve bakho)

Identity ID Number (Inombolo yesifakazelo sebuve)

Contacts (Tinombolo tekuchumana)

Tel

Cell

Marital Status (Usetse/ Wenzile)

Single (Awukashadi)

Married (Ushadile)

Widowed (Wafelwa)

Divorced (Nehlukana)

Postal Address (Likheli lekuposa)

Physical Address (Likheli lalapho uhlalakhona)

Name of Next of Kin (Ligama lesihlobo)

Relationship (Buhlobo)

Next of Kin's Address (Likheli lesihlobo)

EMPLOYMENT DETAILS (Imininingwane yekucashwa)

Employer's Name (Ligama lemcashi wakho)

Employer's Address (Likheli lemcashi)

Contact No: (Tinombolo lemcashi tekuchumana)

Tel

Cell

Email (Liposi lembane)

Position Held (Sikhundla lowusibambile)

Number of years with current employer (Iminyaka loyisebentile nemcashi wakho lomsebenzela kulesikhatsi)

Name of previous employer(s) (If less than 3 years with present employer) (Wake wacashwa kuphi)

Number of years with previous employer (Iminyaka lenganani)

DETAILS OF POLICIES (Imininingwane yamapholisi lonawo)

Commencement Date of Policy borrowing against (Lilanga lekucala kwalepholisi labolekakuyo)

DD / MM / YYY

Loan Amount (Sikwelede)

E

Do you have other policy(ies) with ESRIC (Unawo yini lamanye emapholisi ne-ESRIC)

Yes

No

If yes how many (Mangakhi)

Do you have other loan(s) on other policies (Kukhona yini imali loyibolekile kulamanye emapholisi e-ESRIC)

Yes

No

BANK DETAILS (Imininingwane yelibhange)

Name of bank used for crediting your salary (Ligama lelibhange lohola kilo)

Account Holder's Name (Ligama lemnikati welibhuku)

Account Number (Inombolo yelibhuku)

Branch Name (Ligama leligatja)

Branch Code (Inombolo yeligatja)

Type of Account (Luhlobo lelibhuku)



INCOME

Gross monthly salary	E
Less deductions	E
Net salary	E
Add other income (specify)	E
Total Income	E
TOTAL NET INCOME	
	E

EXPENDITURE

HOUSE	Bond (if purchase of new property involved quote future bond repayment)	E
	Rates and taxes	E
	Water and lights	E
	Maintenance (house, garden services, etc.)	E
VEHICLE (S)	Instalment / Lease	E
	Petrol and Maintenance	E
INSURANCE PREMIUMS	House, Car, Life	E
OTHER INSTALMENTS	Instalment credit, personal loan, etc.	E
HOUSE KEEPING	Groceries	E
	Clothing	E
	Domestic Wages	E
	Education	E
	Entertainment	E
	Telephone, cellphone and TV subscriptions	E
TOTAL EXPENDITURE		E
NET SURPLUS INCOME		E

MARKETING CONSENT

I give consent to receive information of services offered by ESRIC from time to time and I consent to my name and address details being utilised to enable ESRIC to identify, offer and send this information.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

I also give consent to receive information about ESRIC partner offers of services and products and I consent to my name and address details being utilised to enable this information to be sent to me.

Please select the preferred method to receive the marketing communication. Email Post SMS

STATEMENT OF ACCOUNT

How frequent would you like to receive your statement?

Monthly Quarterly

Statement delivery options.

SMS E-mail Telephone Fax Mail

In writing In person Orally Other (Specify)

I, _____ confirm that the information given on this application is correct, I agree that the Corporation can make any enquiries to assess my application for credit if my application for credit is approved, the Corporation is also entitled to give details of the way I conduct my account to the credit bureau(s).

Policy Holder's Signature _____ Date DD / MM / YYY

Witness _____ Witness's Signature _____ Date DD / MM / YYY



FOR OFFICE USE

Policy Number

Surrender Value

Loan Entitlement *(Maximum of 90% of Surrender Value)*

Loan Amount

Principal Loan	Period (Month)	Interest Percentage	Admin fee	Credit Life
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Remarks

CHECK LIST (PLEASE TICK)

	YES	NO
Quotation	<input type="checkbox"/>	<input type="checkbox"/>
Credit check (ITC report)	<input type="checkbox"/>	<input type="checkbox"/>
Payslip or Bank Statement	<input type="checkbox"/>	<input type="checkbox"/>
Proof Of Identity Document – Copy attached to Application and signed	<input type="checkbox"/>	<input type="checkbox"/>
Banking Details – Copy of bank Statement	<input type="checkbox"/>	<input type="checkbox"/>
Current Address updated on Master File	<input type="checkbox"/>	<input type="checkbox"/>
Debit Instruction Form Completed or Stop order Form	<input type="checkbox"/>	<input type="checkbox"/>
Loan Amount Confirmation – (Printout from Sunrise)	<input type="checkbox"/>	<input type="checkbox"/>
Loan Application Form Signed	<input type="checkbox"/>	<input type="checkbox"/>
Credit Life Form Completed (If Assured consented)	<input type="checkbox"/>	<input type="checkbox"/>

Information Verified and Loan recommended by

Loans Officer's Name

Signature Date

Loan Application Approval /Authorized by

Life Manager Administrator Senior Life Officer

Name

Signature Date

The Life Manager
Eswatini Royal Insurance Corporation
P.O. Box 917
MBABANE



Insika Building
Somhlolo Road

Tel No : +268 2408 1600
Fax No : +268 2404 6415

DEBIT ORDER INSTRUCTIONS OF LOAN PAYER

Bank Details

Account Number	<input type="text"/>	Bank Name	<input type="text"/>
Account Holder's Name	<input type="text"/>		
Branch Name	<input type="text"/>	Branch Code	<input type="text"/>
Date of Debit (20th, 25th, 30th)	<input type="text"/>	Commencing Month	<input type="text"/>
Loan Amount	<input type="text"/>	Monthly Repayment	<input type="text"/>

I, the undersigned, request:

The Eswatini Royal Insurance Corporation (hereinafter called ESRIC) to draw against my bank account (wherever it may be), in any manner agreed on between ESRIC and my bank, the amount necessary for payment of the items indicated below. I give my consent for premiums under ESRIC policies which are paid by means of Bank Stop Order, also to be charged over to this system of payment, and to be included under this request.

I also request My bank (which ever it is or will be) to debit my account with any debits drawn against it by ESRIC and treat each one as if it had been signed by me personally. I undertake against the bank that I shall regard receipt and acknowledgement by ESRIC of this request as receipt and acknowledgement by the bank.

I further understand and undertake that either I or ESRIC may at any time cancel these arrangements in writing in respect of any or all of the items indicated, but that such cancellation will have no effect on any withdrawals already made by ESRIC and the bank in accordance with this request.

I further understand and undertake that ESRIC will receive all payments in terms of this request without prejudice to its rights.

Yours Faithfully

Signature	<input type="text"/>
Full Name	<input type="text"/>
Date	<input type="text" value="DD / MM / YYYY"/>



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LEVEL TERM LIFE ASSURANCE CERTIFICATE

LOAN PROTECTION (CREDIT LIFE)

1. Would you like to have Credit Life Cover for the loan ? YES NO

2. If YES would you like to have the Credit Life Cover provided by ESRIC With Another Insurer

(N.B. If cover is provided by another insurer – proof of cover must be provided or we will assume surrender value will be security in the case where the policy ceases to exist)

I (Name in full) Legal owner of Policy No hereby declare that the above information/particulars is true and correct.

Signature of Loan Applicant Date

N.B. The Assured must complete the declaration if consent has been obtained for the provision of a life cover by ESRIC

This certificate is issued to the Assured Person subject to the terms and conditions of the Credit Life Master Policy in the name of Eswatini Royal Insurance Corporation (hereinafter called "The Assured") and no provision shall be deemed to modify or extended the liability of the Eswatini Royal Insurance Corporation as set out in the above-mentioned Master policy. Brief details of the policy are as follows:

On satisfactory proof of the death of the Assured Person prior to midnight on the Expiry Date of the certificate, and subject to the corrections of the Declaration at the foot of this certificate which forms the basis of the contract, the Sum Assured or outstanding debt will be paid to the Assured in full settlement of any debt owing by the Assured Person to the Assured. The settlement will exclude any loan arrears.

I the Assured Person shall, whether sane or insane, commit suicide within two years from the Commencement Date of this assurance, this certificate and the assurance hereby made, shall be void.

DECLARATION BY THE ASSURED PERSON

Surname

Full Names

Contacts Cell Tel

ID No. Date Of Birth

Level Term Cover Premium Commencement Date Expiry Date

Note: Expiry Date 1st, 2nd, 3rd and 4th anniversary of commencement date according to term required. This certificate is not valid for terms exceeding five years.

(to be signed ONLY if details and statements below are correct)

The Assured Person named above, declared that the below particulars are true and correct and furthermore that to the best knowledge:

- (a) I am presently in good health and free from disease or disability
- (b) I have NEVER suffered from any heart or arterial disease or malignant growth or condition.
- (c) During the PAST TWO YEARS I have not suffered from any chest or lung disease, rheumatic fever, duodenal or gastric ulcer.
- (d) No proposal for the assurance on my life to any assurer has EVER been declined or except for reasons of my occupation or pursuits accepted on special conditions or at an increased rate of premium.
- (e) I have never received medical advice, counselling or treatment in connection with AIDS or an AIDS related condition.
- (f) Details of Usual Medical Attendant Dr.....

The Assurance is not taken in substitution for an assurance in this or any other company.

I hereby authorize Eswatini Royal Insurance Corporation to obtain after my death any information regarding my health from any source whatever, should such an event occur during the term of this Assurance.

I UNDERSTAND AND AGREE that the information contained in this declaration forms the basis of this Assurance and any wilful misstatement will invalidate the Assurance.

Signature of Assured Person Date

Signature for ESRIC Date