



BRIDGE FINANCE

APPLICATION FORM

REFERRAL / AGENTS NAME

ARE YOU UNDER ADMINISTRATION?
ARE YOU A PENSIONER?

PERSONAL DETAILS

ID NUMBER: _____ FILE NO: _____
SURNAME: _____ NAME: _____
PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____
TEL: _____ CELL: _____

2 CONTACT PEOPLE

1. NEXT OF KIN LIVING WITH YOU

1.NAME: _____ 2.NAME: _____
ADDRESS: _____ ADDRESS _____

RELATIONSHIP: _____ RELATIONSHIP: _____
TEL: _____ TELL: _____
CELL NO: _____ CELL NO: _____

EMPLOYMENT DETAILS

EMPLOYER: _____
PHYSICAL ADDRESS: _____
POSTAL ADDRESS: _____
SUPERVISOR: _____ DEPARTMENT: _____
HR DEPARTMENT'S TELEPHONE: _____
APPLICANT'S POSITION: _____
EMPLOYMENT/CLOCK NO: _____ PERIOD: _____ (YRS)
PAYPOINT: _____
SALARY DATE: _____
NET SALARY: _____

BANK DETAILS

BANK: _____ BRANCH: _____
ACCOUNT NO: _____ TYPE: _____
CARD NO: _____ CARD CODE: _____
DATE: _____ SIGNATURE: _____

I _____ HEREWITH GIVE BRIDGE FINANCE
PERMISSION TO USE THE NECESSARY CREDIT SERVICES TO ASSESS MY
CREDIT RATING.
SIGNATURE: _____

Terms & Conditions Apply

Please Note that all applications are subject to credit assessment by the senior management of Bridge Finance, completion of this form does not guarantee that the applicant will be approved. **NB:-** if you should default on any Terms, Conditions & Payments on this application, penalty interest will be levied at _____ % per month.