



BRIDGE FINANCE

APPLICATION FORM

REFERRAL / AGENTS NAME

Are you under Administration? Y N
Are you a Pensioner? _____

REFERRED BY: FEEDER

Name: _____
Cell: _____

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: _____ Tel: _____

Cell No: _____ Cell No: _____

EMPLOYMENT DETAILS

1. Employer: _____

Physical Address: _____

Postal Address: _____

SUPERVISOR _____ DEPARTMENT _____

APPLICANTS POSITION: _____

EMPLOYMENT/CLOCK NO: _____ PERIOD: _____ (YRS)

PAYPOINT: _____

SALARY DATE: _____

NET SALARY: _____

BANK DETAILS

Bank: _____ Branch: _____

Account Number: _____ Type: _____

Card Number: _____ Card Code: _____

Date: _____ Signature: _____

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

Terms & Conditions Apply

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

Income & Expenditure Statement

of :

Done By:(Bridge Finance)

on 20.....

INCOME	R	C	EXPENDITURE	R	C
Salary / Wages			Pension + Medical Aid		
Salary / Wages (Spouse)			Rent / Bond		
			Food / Groceries		
Any Other Income			School Fees		
1.			Transport Costs		
2.			Loan Repayments: Micro Loans Furniture Clothing Other		
3.			Cellphone / Telephone Costs Maintenance Payments Other (Specify)		
TOTAL INCOME			TOTAL EXPENSES		
Gross Surplus			Gross Deficit		
Debt Ratio:					

I hereby confirm that the above information is true and correct.

Clients Signature:

Date: