

Investec Bank (Mauritius) Limited

Finance Application Pack



In returning this Pack, you should have:

- Read and understood all sections
- Signed and dated sections 2, 3 and 4





Finance Application Pack

| Section 1 | Account holder(s) information |
|-----------|------------------------------------------------------|
| Section 2 | Personal statement of asset and liabilities |
| Section 3 | Personal statement of monthly income and expenditure |
| Section 4 | Declaration |

Specialised Finance and Lending Investec Bank (Mauritius) Limited 6th Floor, Dias Pier Building

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Section 1 – Account holder(s) information

| Name of you Pr Banker | rivate | | | | | | Tel | | | | | | F | ax | | | | | |
|--------------------------|----------------------------------------|---------|--------------|----------|--------|-----------|----------|------------|-----------|------------------------------|---------|----------|---------|---------|----------|---------|--------|--------|-------|
| Have you dealt | with Investe | c befor | e? | Yes | | No | | | | | | | | | | | | | |
| If yes, under wh | nat name/s a | are vou | r facilitie: | S | | | | | | | | | | | | | | | |
| | | , | | | | | | | | | | | | | | | | | |
| Personal detai | ls | | | | | | | | | | | | | | | | | | |
| Title F | First name(s |) | | | | | | | Surname | | | | | | K | nown | as | | |
| Date of birth | | | | | Plac | ce of bir | th | | | | | | | | N | lale | | Fema | le |
| Citizen status (p | olease tick a | ppropr | iate box) | : | | Perma | nent re | side | ent of SA | | Fo | reign te | empor | ary | reside | nt of S | SA | | Other |
| Nationality | | | | | | | | | ID no | | | | | | | | | | |
| Passport no | | | | | | | | | Passport | expii | y date | | | | | | | | |
| Work tel no (| () | | Work fa | ax no | (|) | | | Home tel | no | () | | | Н | ome fa | x no | (|) | |
| Mobile no | | | | | | | | | E-mail | | | | | | | | | | |
| Postal/Statemen | nt address | | | | | | | | Resident | ial ad | dress | domoc | ilium (| citar | ndi et e | xecu | andi) | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | Postal code Postal code | | | | | | | | | | | | | | | | | | |
| Details of next of | of kin (not re | siding | with you |): | | | | | Period at | at this address Years Months | | | | | | | | | |
| First name | | | | | | | | | Tenant | | (| Owner | | | | | | | |
| Surname If a | | | | | | | | If a tenan | ıt, ple | ase pr | ovide L | andlo | rd d | etails: | | | | | |
| Relationship | | | | | | | | | Landlord' | s full | name | | | | | | | | |
| Contact number | r(s) | | | | | | | | Contact r | numb | er(s) | | | | | | | | |
| Postal address | | | | | | | | | Postal ad | ldres | S | | | | | | | | |
| | | | | | | | | \perp | | | | | | | | | | | |
| | | | | | | | | \perp | | | | | | | | | | | |
| | | | Postal c | ode | | | | | | | | | | Po | ostal co | ode | | | |
| Send correspon | ndence by | | E- | mail | | | | | Post | | | | Fax I | hom | е | | F | ax off | ice |
| If statement is to | o be addres | sed to | person(s |) othe | r than | Borrov | ver, ple | ease | e provide | detai | ls: | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| BA1/ 1 · · · | | | | | | | | | | | | | | | | | | | |
| Marital status | | | 0: 1 | | | | | _ | . , | | | | | | | | | | |
| Married | -1 | | Single | 9 | | A - 1 | | | Divorced | | | N | umbe | r of (| depen | | | (D | |
| If married, indic | | contrac | τ: | | | Ant | enuptu | iai C | Contract | | | | | | Co | rnmu | nity o | f Prop | erty |
| Spouse details: | | | | | | | | — | Docition | | | | | | | | | | |
| Employer | -I | | | | | | | | Position | | 1 | | | | | | | | |
| Period employe | eu | | | | | | | | Occupa | แดก | | | | | | | | | |
| Qualifications | | | | | | | | | | | | | | | | | | | |
| Please provide | details of yo | ur high | est qual | ificatio | ns: | | | | | | | | | | | | | | |
| Qualification | , , . | J., | 1 | | | | Year | | | | U | niversit | ty | | | | | | |
| Qualification | | | | | | | Year | | | | | niversit | | | | | | | |
| Spouse's qualif | ication | | | | | | Year | | | | _ | | - | | | | | | |
| - F | Spouse's qualification Year University | | | | | | | | | | | | | | | | | | |





| Employment details | | | | | | | | | | | | | | | | | |
|----------------------------------------------|-------------------------|-----------------|---------|---------|---------|-----------|---|------------|------|------------|-----------|--------|----------------|-------|-----|-------|---|
| Employers n | Employers name | | | | | | | | | | | | | | | | |
| Entity type | Clos | se Cor | poratio | n | Par | rtnership | P | ssociation | | Private | Compan | у | Listed Company | | any | Trust | : |
| Nature of bus | siness a | and se | ctor | | | | | | | | | | | | | | |
| Position | | Period employed | | | | | | | ed | d Years | | Months | | nths | | | |
| If less than one year with current employer: | | | | | | | | | | | | | | | | | |
| Previous employer Previous salary | | | | | | | | | | | | | | | | | |
| Position | Position | | | | | | | | | | | | | | | | |
| * If self employed | | | | | | | | | | | | | | | | | |
| Name of Pra | ctice/Eı | ntity | | | | | | | | | | | | | | | |
| Entity type | Clos | se Cor | poratio | n | Par | rtnership | P | ssociation | | Private | Compan | у | Listed | Compa | any | Trust | |
| Nature of Bu | siness | | | | | | | | | | | | | | | | |
| Number of P | artners | /Share | holders | s/Memb | oers | | | | 1 | 2-7 | | 7 | 8 | 3-15 | | 16+ | |
| What is your | % inter | rest in | the abo | ove Pra | ctice/E | Entity? | | | | Registr | ation nun | nber | | | | | |
| Number of ye | ears in | operat | ion | | | | | | | • | | | | | | | |
| Practice add | ress | | | | | | | | Land | dlord name | e & addre | SS | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | Postal code Postal code | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

^{*} Please provide your consultant with a copy of the latest annual financial statements

| Financial information | | | | | | | | |
|-------------------------------------------------------------------|-----------|--------|--|--|--|--|--|--|
| | Applicant | Spouse | | | | | | |
| Gross annual package | | | | | | | | |
| Gross annual pensionable salary * | | | | | | | | |
| Indicate whether salary is basic or commission based | | | | | | | | |
| If commission based, what % of gross annual package is commission | | | | | | | | |
| Details of other income | | | | | | | | |

 $^{^{\}star}$ Please provide your consultant with a copy of proof of income such as a payslip or copy of Income Tax return

| Other information | | | | | | | | | | |
|---------------------------|---------|-----|------|--|-------|-----|-------|-----------------------|--|--|
| Do you have any of the | s? | | | | Savir | igs | | Department store card | | |
| Cheque account numb | er | | Bank | | | | Branc | h | | |
| Existing credit cards | | | | | | | Lim | it | | |
| Have you ever been de | Ye | s | | | | N | О | | | |
| If yes, date rehabilitate | d | | | | | | | | | |
| Do you have any judge | Ye | Yes | | | | | | | | |
| If yes, please provide of | letails | | | | | | | | | |

| Financial re | quirements | | | | | | | | | | | | | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---|-------|-------------|--|-------|----------|-----------------|-------------|-------|-------|-----|-----------------------|-------|--|
| If you would like the finance to be in a name other than your own: | | | | | | | | | | | | | | | |
| Entity name | | | | | | | | | | | | | | | |
| Entity type | Close Corporation | | Parti | nership | | Ass | ociation | | Private Com | npany | | GBL | 1 | GBL 2 | |
| | Listed Company | Т | rust | | | Indiv | ridual | | | | | | | | |
| Registration no Nature of business and sector | | | | | | | | | | | | | | | |
| Please indicate the type of facility required: | | | | Currency An | | | mo | ount Terms in m | | | onths | | Residual ⁶ | % | |
| Property | | | | | | | | | | | | | | | |
| Secured loar | n/Guarantee | | | | | | | | | | | | | | |
| Aircraft/Equi | pment/Asset finance | | | | | | | | | | | | | | |
| Other, pleas | Other, please specify | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Should finan | Should financial requirement be for property, please specify if the borrower will occupy the property Yes No | | | | | | | | | | | | | | |

Additional documents that will be required

- Personal statement of assets and liabilities (see section 2)
- Proof of major assets and liabilities listed
- Proof of income such as a payslip or copy of Income Tax return





Section 2 - Personal statement of assets and liabilities

| Na | me | | | CI | ient | Spouse | | | |
|-----|--------------------------------------------|---------------|---------------------------|-------|-----------|--------|-----------|--|--|
| Fix | ed property | | | | | | | | |
| | Address | Date acquired | Cost (incl. improvements) | Asset | Liability | Asset | Liability | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| Inv | estments | | | | | | | | |
| Cas | sh and bank balances | | | | | | | | |
| Uni | it trusts | | | | | | | | |
| Lis | ted shares: | | | | | | | | |
| Co | mpany name | ١ | lo. of shares | | | | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| Un | listed investments | | | | | | | | |
| Co | mpany name | ١ | No. of shares | | | | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| Oth | ner assets | | | | | | | | |
| Мо | tor vehicles: | | | | | | | | |
| Ма | ke and model | (| Cost | | | | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| Equ | uipment | | | | | | | | |
| Fur | niture | | | | | | | | |
| Del | otors | | | | | | | | |
| Oth | ner (details) | | | | | | | | |
| Oth | ner liabilities | | | | | | | | |
| Un | secured borrowings | E | Bank | | | | | | |
| | erdrafts | | | | | | | | |
| | secured loans | | | | | | | | |
| | edit cards | | | | | | | | |
| | ntingent liabilities (for example suretysh | ips) | | | | | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| | als | | | | | | | | |
| Net | t assets (assets – liabilities) | | | | | | | | |

| Net assets (assets – liabilities) | | | |
|----------------------------------------------------------------------|------|--|--|
| I warrant that the information contained herein is true and correct. | | | |
| Signature | Date | | |

Section 3 - Personal statement of monthly income and expenditure

| Name | Client | Spouse | | | | | | | | |
|----------------------------------------------------------------------|--------|--------|--|--|--|--|--|--|--|--|
| Income | | , | | | | | | | | |
| Salary | | | | | | | | | | |
| Commission | | | | | | | | | | |
| Other income | | | | | | | | | | |
| Source of other income: | | | | | | | | | | |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| Total | | | | | | | | | | |
| Expenses | | | | | | | | | | |
| Salary deductions ie. tax, pension etc. | | | | | | | | | | |
| Medical aid (unless a salary deduction) | | | | | | | | | | |
| Bond repayment/Rent | | | | | | | | | | |
| Car repayment | | | | | | | | | | |
| Loan Repayment | | | | | | | | | | |
| 1. Student loan | | | | | | | | | | |
| 2. Department stores | | | | | | | | | | |
| 3. Credit cards | | | | | | | | | | |
| 4. Other | | | | | | | | | | |
| Food | | | | | | | | | | |
| Water, electricity, rates and taxes | | | | | | | | | | |
| Petrol and vehicle maintenance | | | | | | | | | | |
| Insurances | | | | | | | | | | |
| 1. Life | | | | | | | | | | |
| 2. Motor vehicle | | | | | | | | | | |
| 3. Household | | | | | | | | | | |
| Savings eg. Unit trusts | | | | | | | | | | |
| Maintenance/Alimony | | | | | | | | | | |
| Entertainment | | | | | | | | | | |
| Education | | | | | | | | | | |
| Clothing | | | | | | | | | | |
| Other | | | | | | | | | | |
| Totals | | | | | | | | | | |
| Net surplus/(deficit) | | | | | | | | | | |
| I warrant that the information contained herein is true and correct. | | | | | | | | | | |
| Signature | Date | | | | | | | | | |





Section 4 - Declaration

I/We, the undersigned, warrant that all the information contained herein is true and correct in every respect and that where this application is signed in a representative capacity. I/we have the capacity to do so and that the transaction is within my/our powers.

| | 1 | 2 | 3 | 4 | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|--|--|--|--|--|
| Signature | | | | | | | | | |
| Name | | | | | | | | | |
| Date | | | | | | | | | |
| Capacity | | | | | | | | | |
| To assist us in our market research, would you please indicate where/how you first heard of Investec Bank (Mauritius) Limited. Your assistance would be greatly appreciated. Advertising (please indicate which publication) | | | | | | | | | |
| ☐ Recommendation ☐ Previously held an account ☐ Other (please specify) | | | | | | | | | |
| _ " , , , , , , , , , , , , , , , , , , | | | | | | | | | |