





| DATE D D M M Y Y Y Y                           | BRANCH                       |   |  |  |  |  |  |  |  |  |  |  |  |  |
|--|------------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|
| Sections A,C,D,E and F are mandatory f         | or all applicants. Section B | applies for joint applicants.           |  |  |  |  |  |  |  |  |  |  |  |  |
| A. FIRST APPLICANT INFORMATION                 |                              |   |  |  |  |  |  |  |  |  |  |  |  |  |
| PERSONAL DETAILS                               |                              |   |  |  |  |  |  |  |  |  |  |  |  |  |
| First Name                                     | Middle Name                  | Last Name                               |  |  |  |  |  |  |  |  |  |  |  |  |
| ID / Passport No                               | PIN No                       | Nationality                             |  |  |  |  |  |  |  |  |  |  |  |  |
| Marital Status Single Marri                    | ed Divorced                  | Tel. No.                                |  |  |  |  |  |  |  |  |  |  |  |  |
| Address  | Postal Code                  | Town                                    |  |  |  |  |  |  |  |  |  |  |  |  |
| Street   | Zip Code                     | Tel No.                                 |  |  |  |  |  |  |  |  |  |  |  |  |
| Mobile No                                      | Fax                          | Email                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| Present Residence (Location or Estate)         | Duration of occupation       | 100% Owned Under Mortgage Rented        |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                              |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Dependants                                     |                              |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Name   | Age                          | Name Age                                |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                              |   |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                              |   |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                              |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Do you have a power of attorney in Kenya       | ? Yes No                     |   |  |  |  |  |  |  |  |  |  |  |  |  |
| If yes, provide full details of power of attor | ney                          |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Full name Mr                                   | Mrs Miss                     | Dr Prof Hon                             |  |  |  |  |  |  |  |  |  |  |  |  |
| First Name                                     | Middle Name                  | Last Name                               |  |  |  |  |  |  |  |  |  |  |  |  |
| Contact details                                |                              |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Postal Address                                 | Postal Code                  | Town                                    |  |  |  |  |  |  |  |  |  |  |  |  |
| Power of Attorney number (where applica        | ble)                         |   |  |  |  |  |  |  |  |  |  |  |  |  |
| YOUR CURRENT BANKING DETAILS                   |                              |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Bank   | Branch                       | Account No.                             |  |  |  |  |  |  |  |  |  |  |  |  |
| 1  |                              |   |  |  |  |  |  |  |  |  |  |  |  |  |
| 2  |                              |   |  |  |  |  |  |  |  |  |  |  |  |  |
| EMPLOYMENT INFORMATION                         |                              |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Current Employer                               |                              |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Position                                       |                              | Nature of Employment Contract Permanent |  |  |  |  |  |  |  |  |  |  |  |  |
| Duration with current employer                 |                              |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Postal Address                                 | Postal Code                  | Town                                    |  |  |  |  |  |  |  |  |  |  |  |  |
| Street   | Zip Code                     | Employer Website                        |  |  |  |  |  |  |  |  |  |  |  |  |
| Tel No.  | E-mail                       | Fax                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Previous Employer, If you have ch      |                              | he last two (2) years                   |  |  |  |  |  |  |  |  |  |  |  |  |
| Position at Previous Employer                  |                              | ·                                       |  |  |  |  |  |  |  |  |  |  |  |  |
| Nature of Employment (Tick) Contract           | Permanent                    | Duration with previous employer (Years) |  |  |  |  |  |  |  |  |  |  |  |  |
| . , , , ,                                      |                              |   |  |  |  |  |  |  |  |  |  |  |  |  |





| INCOME DETAILS (per month)   |                      |   |  |  |  |  |  |  |  |  |  |  |  |
|--|----------------------|---|--|--|--|--|--|--|--|--|--|--|--|
| Basic Salary   |                      | Commissions Earned                      |  |  |  |  |  |  |  |  |  |  |  |
| House Allowance  |                      | Owner Occupier allowance                |  |  |  |  |  |  |  |  |  |  |  |
| Other Pay / Income   |                      | Details of Other Pay                    |  |  |  |  |  |  |  |  |  |  |  |
| DETAILS OF OTHER COMMITMENTS ( REP.  | AYMENT AMOUNTS       | 5)                                      |  |  |  |  |  |  |  |  |  |  |  |
| Sacco Loans  |                      | Bank Loan(s)                            |  |  |  |  |  |  |  |  |  |  |  |
| Bank Overdraft   |                      | Mortgage Repayments                     |  |  |  |  |  |  |  |  |  |  |  |
| Details of other commitments   |                      |   |  |  |  |  |  |  |  |  |  |  |  |
| B. SECOND APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT                                |                      |   |  |  |  |  |  |  |  |  |  |  |  |
| PERSONAL DETAILS   |                      |   |  |  |  |  |  |  |  |  |  |  |  |
| First Name Middle Name Last Name   |                      |   |  |  |  |  |  |  |  |  |  |  |  |
| ID / Passport No   | PIN No               | Nationality                             |  |  |  |  |  |  |  |  |  |  |  |
| Marital Status Single Married  | l Divord             | ced                                     |  |  |  |  |  |  |  |  |  |  |  |
| <b>Dependants</b>  |                      |   |  |  |  |  |  |  |  |  |  |  |  |
| Name   | Name Age Name        |   |  |  |  |  |  |  |  |  |  |  |  |
|  |                      |   |  |  |  |  |  |  |  |  |  |  |  |
|  |                      |   |  |  |  |  |  |  |  |  |  |  |  |
| Do you have a power of attorney in Kenya? Yes No                                       |                      |   |  |  |  |  |  |  |  |  |  |  |  |
| If yes, provide full details of power of attorney                                      |                      |   |  |  |  |  |  |  |  |  |  |  |  |
| Full name Mr   |                      | Miss Dr Prof Hon                        |  |  |  |  |  |  |  |  |  |  |  |
|  | Middle Name          | Last Name                               |  |  |  |  |  |  |  |  |  |  |  |
| Contact details  |                      |   |  |  |  |  |  |  |  |  |  |  |  |
| Postal Address   | Postal               | Town                                    |  |  |  |  |  |  |  |  |  |  |  |
| Power of Attorney number (where applicable   |                      | T                                       |  |  |  |  |  |  |  |  |  |  |  |
| Address  | Postal Code          | Town                                    |  |  |  |  |  |  |  |  |  |  |  |
| Street  Mobile No  | Zip Code<br>Fax      | Tel No. Email                           |  |  |  |  |  |  |  |  |  |  |  |
|  | Duration of occupati |   |  |  |  |  |  |  |  |  |  |  |  |
| Tresent residence (Escadon of Estate)  | Duration of occuput  | onder mortgage Hented                   |  |  |  |  |  |  |  |  |  |  |  |
| YOUR CURRENT BANKING DETAILS   |                      |   |  |  |  |  |  |  |  |  |  |  |  |
| Bank   | Branch               | Account No.                             |  |  |  |  |  |  |  |  |  |  |  |
| 1  |                      |   |  |  |  |  |  |  |  |  |  |  |  |
| 2  |                      |   |  |  |  |  |  |  |  |  |  |  |  |
| EMPLOYMENT INFORMATION   |                      |   |  |  |  |  |  |  |  |  |  |  |  |
| Current Employer   |                      |   |  |  |  |  |  |  |  |  |  |  |  |
| Position   |                      | Nature of Employment Contract Permanent |  |  |  |  |  |  |  |  |  |  |  |
| Duration with current employer   |                      |   |  |  |  |  |  |  |  |  |  |  |  |
| Postal Address   | Postal Code          | Town                                    |  |  |  |  |  |  |  |  |  |  |  |
|  | Zip Code             | Employer Website                        |  |  |  |  |  |  |  |  |  |  |  |
| Tel No.  | E-mail               | Fax                                     |  |  |  |  |  |  |  |  |  |  |  |
| Name of Previous Employer, If you have cha   | nged employment w    | vithin the last two (2) years           |  |  |  |  |  |  |  |  |  |  |  |
| Position at Previous Employer  |                      |   |  |  |  |  |  |  |  |  |  |  |  |
| Nature of Employment (Tick) Contract Permanent Duration with previous employer (Years) |                      |   |  |  |  |  |  |  |  |  |  |  |  |





| Name of Previous Employer, If you have changed employment within the last two (2) years  |             |                        |                  |  |                         |                |                |  |  |  |  |  |  |  |  |  |  |  |
|--|-------------|------------------------|------------------|--|-------------------------|----------------|----------------|--|--|--|--|--|--|--|--|--|--|--|
| Position at Previous Employer  |             |                        |                  |  |                         |                |                |  |  |  |  |  |  |  |  |  |  |  |
| Nature of Employmer  | nt (Tick) ( | Contract               | Permanent        | t  | Duration with prev      | vious emp      | oloyer (Years) |  |  |  |  |  |  |  |  |  |  |  |
| INCOME DETAILS (pe<br>Basic Salary   | er month)   |                        |                  | Commis   | sions Earned            |                |                |  |  |  |  |  |  |  |  |  |  |  |
| House Allowance  |             |                        |                  | Owner C  | Occupier allowance      |                |                |  |  |  |  |  |  |  |  |  |  |  |
| Other Pay /<br>Income  |             |                        |                  | Details o  | of Other Pay            |                |                |  |  |  |  |  |  |  |  |  |  |  |
| DETAILS OF FINANCE   | CIALCOMM    | IITMENTS (R            | REPAYMENT )      | AMOUNT   | TS)                     |                |                |  |  |  |  |  |  |  |  |  |  |  |
| Sacco Loans Bank Loan(s)   |             |                        |                  |  |                         |                |                |  |  |  |  |  |  |  |  |  |  |  |
| Bank Overdraft   |             |                        |                  | Mortgag  | Nortgage Repayments     |                |                |  |  |  |  |  |  |  |  |  |  |  |
| Details of other commitments   |             |                        |                  |  |                         |                |                |  |  |  |  |  |  |  |  |  |  |  |
|  |             |                        |                  |  |                         |                |                |  |  |  |  |  |  |  |  |  |  |  |
|  |             |                        |                  |  |                         |                |                |  |  |  |  |  |  |  |  |  |  |  |
| C. DECLARATION ( Please indicate de  | OF OTHER    | ASSETS<br>per immovabl | le assets that v | ou have  |                         |                |                |  |  |  |  |  |  |  |  |  |  |  |
| Do you have any exist  |             |                        |                  |  | tion/bank? If so state  |                |                |  |  |  |  |  |  |  |  |  |  |  |
|  |             |                        |                  |  |                         |                |                |  |  |  |  |  |  |  |  |  |  |  |
| Address of the proper  | tv I R No   |                        |                  |  | Name of Mortgage        |                |                |  |  |  |  |  |  |  |  |  |  |  |
| Address of the proper  | ty En 110   |                        |                  |  | Traine of Wortgage      |                |                |  |  |  |  |  |  |  |  |  |  |  |
| Approx outstanding b   | nalance     |                        | Monthly ren      | onthly rental income (if applicable)  Monthly Loan Repayment |                         |                |                |  |  |  |  |  |  |  |  |  |  |  |
| Approx outstanding to  | dianec      |                        | Wioriting Feri   | itai iiicoiii  | е (п аррпсавіс)         |                |                |  |  |  |  |  |  |  |  |  |  |  |
|  |             |                        |                  |  |                         |                |                |  |  |  |  |  |  |  |  |  |  |  |
| Name & Address of your advocates   | our         |                        |                  |  |                         |                |                |  |  |  |  |  |  |  |  |  |  |  |
| Have you ever been d<br>bankrupt /insolvent o<br>court order for debt re<br>against you? | r had a     | If yes, gi             | ve details       |  |                         |                |                |  |  |  |  |  |  |  |  |  |  |  |
| D. LOAN PARTICU  | LARS        |                        |                  |  |                         |                |                |  |  |  |  |  |  |  |  |  |  |  |
| A  | Amount Re   | quired (Ksh)           |                  |  | Installment repayment   | period ir      |                |  |  |  |  |  |  |  |  |  |  |  |
|  |             |                        |                  | Months   |                         |                |                |  |  |  |  |  |  |  |  |  |  |  |
| Amount in Words  |             |                        |                  |  |                         |                |                |  |  |  |  |  |  |  |  |  |  |  |
|  |             | _                      |                  | Z.1. 1 1   |                         |                |                |  |  |  |  |  |  |  |  |  |  |  |
|  |             | ŀ                      | orpose of Loa    | an (tick wi  | hichever is applicable) |                |                |  |  |  |  |  |  |  |  |  |  |  |
| Purchase house   |             |                        | Construction     | า  |                         | Equity release |                |  |  |  |  |  |  |  |  |  |  |  |
|  |             |                        |                  |  |                         |                |                |  |  |  |  |  |  |  |  |  |  |  |





| F DARTICIII ARC OF REORESTV TO RE MORTCAC   | FD.                                      |            |   |            |           |            |            |           |         |  |  |  |  |  |
|---|--|------------|---|------------|-----------|------------|------------|-----------|---------|--|--|--|--|--|
| E. PARTICULARS OF PROPERTY TO BE MORTGAG  | Name, address and telephone no of vendor |            |   |            |           |            |            |           |         |  |  |  |  |  |
| Plot No. of property to be mortgaged (Street name and number if applicable)   |  |            | Name, a   | iaress ar  | ia telepr | ione no o  | i vendor   |           |         |  |  |  |  |  |
|   |  |            |   |            |           |            |            |           |         |  |  |  |  |  |
|   |  |            |   |            |           |            |            |           |         |  |  |  |  |  |
| Name, address and telephone No of occupier, if any  | Where w                                  | ill the ke | ys be ob  | tained?    |           |            |            |           |         |  |  |  |  |  |
|   |  |            |   |            |           |            |            |           |         |  |  |  |  |  |
|   |  |            |   |            |           |            |            |           |         |  |  |  |  |  |
| Have the occupants agreed to allow the bank valuer to visit the premises?   | Purchase<br>Ksh                          | price (if  | urban p   | lot, state | so)       |            |            |           |         |  |  |  |  |  |
|   |  |            |   |            |           |            |            |           |         |  |  |  |  |  |
|   |  |            |   |            |           |            |            |           |         |  |  |  |  |  |
| INDICATE SOURCE TO MEET SHORTFALL, PURCHASE / COS   | MOUNT                                    |            |   |            |           |            |            |           |         |  |  |  |  |  |
| Tick whichever is applicable  |  |            |   |            |           |            |            |           |         |  |  |  |  |  |
| a. Personal savings Ksh   | onal savings Ksh                         |            |   |            |           |            |            |           |         |  |  |  |  |  |
| b. Disposal of investment Ksh   |  |            |   |            |           |            |            |           |         |  |  |  |  |  |
| c. Amount already spent (what source) Ksh   | Amount already spent (what source) Ksh   |            |   |            |           |            |            |           |         |  |  |  |  |  |
| d. Others (specify) Ksh   |  |            |   |            |           |            |            |           |         |  |  |  |  |  |
| TOTAL   |  |            |   |            |           |            |            |           |         |  |  |  |  |  |
| DO YOU INTEND TO CREATE A SECOND MORTGAGE?  |  |            |   |            |           |            |            |           |         |  |  |  |  |  |
| Is the property freehold or leasehold?  |  |            | If leasehold, state unexpired lease term and annual ground rent |            |           |            |            |           |         |  |  |  |  |  |
|   |  |            |   |            |           |            |            |           |         |  |  |  |  |  |
|   |  |            |   |            |           |            |            |           |         |  |  |  |  |  |
| Give details of any outstanding road or sewerage charges:   |  |            | State the ratable value   |            |           |            |            |           |         |  |  |  |  |  |
|   |  |            |   |            |           |            |            |           |         |  |  |  |  |  |
|   |  |            |   |            |           |            |            |           |         |  |  |  |  |  |
| Is the property for owner occupation or rental?   |  |            | Is the property mortgaged elsewhere now?                        |            |           |            |            |           |         |  |  |  |  |  |
|   |  |            |   |            |           |            |            |           |         |  |  |  |  |  |
| Does the property have a guest house?   |  |            | Where is/are the title deed(s)?                                 |            |           |            |            |           |         |  |  |  |  |  |
|   |  |            |   |            |           |            |            |           |         |  |  |  |  |  |
| Indicate then earest township, municipality or trading cer  | ntre                                     |            | Area of L   | and (atta  | ch copy   | of officia | l search c | or title) |         |  |  |  |  |  |
|   |  |            |   | (          |           |            |            |           |         |  |  |  |  |  |
|   |  |            |   |            |           |            |            |           |         |  |  |  |  |  |
| If property to be mortgaged comprises flats,<br>maisonettes or other rentable accommodation,<br>attach the following: |  |            | re the prop<br>I in constru                                     |            | already   | built, ple | ase state  | e the ma  | terials |  |  |  |  |  |
| a. Cash flow Projections for the next ten years   |  |            | i. Wa   | lls        |           |            |            |           |         |  |  |  |  |  |
| -   |  |            |   |            |           |            |            |           |         |  |  |  |  |  |
|   |  |            |   |            |           |            |            |           |         |  |  |  |  |  |
| b. Current professional valuation report  |  |            | ii. Roo   | of         |           |            |            |           |         |  |  |  |  |  |
|   |  |            |   |            |           |            |            |           |         |  |  |  |  |  |
|   |  |            |   |            |           |            |            |           |         |  |  |  |  |  |
| Should you wish to give any relevant information, plea  | se attacl                                | h on a d   | lifferent she   | et of pa   | per.      |            |            |           |         |  |  |  |  |  |
|   |  |            |   |            |           |            |            |           |         |  |  |  |  |  |
|   |  |            |   |            |           |            |            |           |         |  |  |  |  |  |





| F. DISCLOSURE OF OTHER RELATED ACCOUNTS |   |       |       |              |                |       |        |       |        |                |   |      |          |  |        |        |         |        |        |          |          |         |       |                  |       |        |        |
|---|---|-------|-------|--------------|----------------|-------|--------|-------|--------|----------------|---|------|----------|--|--------|--------|---------|--------|--------|----------|----------|---------|-------|------------------|-------|--------|--------|
| Your Name                               |   |       |       |              |                |       |        |       |        |                |   |      | A co     | ompa   | ny wh  | ere yo | ou ar   | e a di | rector |          |          |         |       |                  |       |        |        |
|   |   |       |       |              |                |       |        |       |        |                |   |      |          |  |        |        |         |        |        |          |          |         |       |                  |       |        |        |
| Account Number                          |   |       |       |              |                |       |        |       |        |                |   |      | Λ.σ.σ.   |  | Muunah |        |         |        |        |          |          |         |       |                  |       |        |        |
| Accol                                   |   |       |       |              |                |       |        |       |        |                |   |      |          | Account Number   |        |        |         |        |        |          |          |         |       |                  |       |        |        |
|   |   |       |       |              |                |       |        |       |        |                |   |      |          |  |        |        |         |        |        |          |          |         |       |                  |       |        |        |
| Joint names (if with other people)      |   |       |       |              |                |       |        |       |        |                | A Company or an individual where you are a guarantor: |      |          |  |        |        |         |        |        |          |          |         |       |                  |       |        |        |
|   |   |       |       |              |                |       |        |       |        |                |   |      |          |  |        |        |         |        |        |          |          |         |       |                  |       |        |        |
| Account Number                          |   |       |       |              |                |       |        |       |        | Account Number |   |      |          |  |        |        |         |        |        |          |          |         |       |                  |       |        |        |
|   |   |       |       |              |                |       |        |       |        |                |   |      |          |  |        |        |         |        |        |          |          |         |       |                  |       |        |        |
|   |   |       |       |              |                |       |        |       |        |                |   |      |          |  |        |        |         |        |        | <u> </u> | <u> </u> |         |       |                  |       |        |        |
| TEF                                     | TERMS AND CONDITIONS  |       |       |              |                |       |        |       |        |                |   |      |          |  |        |        |         |        |        |          |          |         |       |                  |       |        |        |
| 1.                                      | 1. That the acceptance of any fee is under no prejudice and will not obligate the Bank to advance the loan. |       |       |              |                |       |        |       |        |                |   |      |          |  |        |        |         |        |        |          |          |         |       |                  |       |        |        |
| 2.                                      |   |       |       |              | offer<br>reof. | to a  | dvar   | ice,  | the I  | Bank           | gives   | or   | imp      | olies  | no v   | varr   | anty    | as to  | o th   | e pr     | ice o    | r val   | ue o  | f the            | e pro | opert  | y or   |
| 3.                                      | The   | Bar   | ık w  | vill,        | at yo          | our e | expe   | nse,  | insı   | ıre y          | our lif   | e a  | ınd t    | he n   | nort   | gage   | ed pr   | ope    | rty    | duri     | ng th    | ne life | e of  | the              | mor   | tgag   | e.     |
| 4.                                      | You   | wil   | l me  | et a         | all th         | ופ ככ | osts i | ncui  | red    | hv t           | he Bai  | nk i | in nı    | renai  | rina   | the    | mor     | taaa   | e d    | eed      | nlus     | reais   | trati | ion <sup>.</sup> | fees  | and    |        |
|   | all c   | the   | r fe  | es c         | harg           | ed k  | oy ar  | ny go | over   | nme            | ntal o  | r Ic | cal      | reparing the mortgage deed plus registration fees and authority. The Bank will instruct its advocates who will deal will be required to meet legal costs and any other |        |        |         |        |        |          |          |         |       |                  |       |        |        |
|   |   |       |       |              |                |       |        |       |        |                | dditio<br>narge                                       |      |          |  |        |        |         |        |        |          |          |         |       |                  |       | ly to  | the    |
|   | Ban   |       |       |              |                | OIIII | cciio  | II VV | 1111 1 | ie ci          | large   | anı  | u/UI     | tian   | 13101  | OI t   | пер     | ισρο   | ıty.   | Juc      | 11 100   | .3 arc  | , pai | u ui             | ieci  | iy to  | tile   |
| 5.                                      | You   | cor   | ısen  | it th        | ie Ba          | nk t  | o se   | ek fı | urthe  | er cla         | arifica   | tio  | n fro    | om a   | lice   | nsed   | l Cre   | dit F  | lefe   | renc     | e Bu     | reau    | and   | l/or             | und   | ertal  | ке     |
|   | app   | rop   | riate | e re         | ferer          | ncin  | g an   | d sh  | arin   | g of           | credit  | inf  | form     | natio  | n as   | per    | the     | Banl   | king   | Reg      | gulat    | ions    |       |                  |       |        |        |
| 6.                                      | I/W   | e ur  | nder  | sta          | nd th          | ne fe | es h   | ere   | abov   | /e ar          | e not   | ref  | unda     | able.  |        |        |         |        |        |          |          |         |       |                  |       |        |        |
| 7.                                      | Tha   | t the | e va  | luat         | tion           | repo  | ort is | for   | use    | by th          | ne Co-  | op   | erati    | ive B  | ank    | of K   | enya    | a Ltd  | on     | ly.      |          |         |       |                  |       |        |        |
| CFF                                     | RTIFIC  | ΆΤΙ   | F OF  | : <b>C</b> O | NFIF           | RMA   | TIO    | V     |        | -              |   |      |          |  |        |        | <u></u> |        |        |          |          |         |       |                  |       |        |        |
|   |   |       |       |              |                |       |        |       |        |                |   | مام  | -l - u - | . 41   | A      | ./     |         |        |        |          |          |         |       |                  | al    | 412.24 | 4 la 0 |
|   |   |       |       |              |                |       |        |       |        |                | g and<br>decide                                       |      |          |  |        |        |         | iswe   | rs a   | re a     | true     | Stat    | .eme  | enta             | anu   | ınaı   | tney   |
|   |   |       |       |              |                |       |        |       |        | ,              |   |      |          |  |        |        |         |        |        |          |          |         |       |                  |       |        |        |
| SIG                                     | NED   |       |       |              |                |       |        |       |        |                |   |      |          |  |        |        |         |        |        |          |          |         |       |                  |       |        |        |
|   |   | 1:    |       |              |                |       |        |       |        |                |   |      |          | <u> </u>   |        | - d A  | l:.     |        | (:£ I  | a i .a.t |          |         |       |                  |       |        |        |
| FILS                                    | t App   | IICa  | ΠL    |              |                |       |        |       |        |                |   |      |          | Second Applicant (if Joint account)  |        |        |         |        |        |          |          |         |       |                  |       |        |        |
|   |   |       |       |              |                |       |        |       |        |                |   |      |          |  |        |        |         |        |        |          |          |         |       |                  |       |        |        |
|   |   |       |       |              |                |       |        |       |        |                |   |      |          |  |        |        |         |        |        |          |          |         |       |                  |       |        |        |
| Dat                                     | e   |       |       |              | /              |       |        | /     |        |                |   |      |          | D  | ate    |        |         |        |        | /        |          |         |       |                  |       |        |        |
| FOI                                     | R OFF   | ICIA  | \L U  | SE           |                |       |        |       |        |                |   |      |          |  |        |        |         |        |        |          |          |         |       |                  |       |        |        |
| Δnr                                     | dicati  | on    | No    |              |                |       |        |       | (      | Offer          | No  |      |          |  |        |        |         |        | ٠      | unt      | Nο       |         |       |                  |       |        |        |

#### **Forward the form to:**

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