MINISTRY OF NATIONAL HOUSING



CIVIL SERVICE HOUSING LOAN FUND

LOAN APPLICATION FORM

Mr	Mrs	Miss	Ms			
First N	ame(s)					
Surnar	ne					
Nation	ality					
I.D No.	(please	attach copy)				
Date o	f Birth					
Marita	l Status					
Single		Married	Divorced		Widowed	
No. of	dependa	ants				
Email		•				
Tel. (H	ome)	•	Tel. (Mobile	e)	
Postal	Address					

EMPLOYMENTS DETAILS

Station
E.C Number
Date of First appointment
Current Job Title
Grade
Tel. (Work)
Number of years before retiring age (65 years)

Previous employer if less than three years in government			
No. of years with previous employer			

RESIDENCE DETAILS

Present residential address (please give full details-plot no, street name, area, etc			
Length of stay at present address	Years	Months	
Accommodation type: Staying with parents	Owned	Rented	
Employer provided	Mortgaged Month	nly	

BANK DETAILS

Bank Name & Branch	
Type of Account	
Account No. (s)	

REFEREES

Full Name	Full Name
Relationship	Relationship
No. of years known	No. of years known
Nationality	Nationality
Tel. No. Home	Tel. No. Home
Work	Work
Mobile	Mobile
Work Address	Work Address
Home Address	Home Address
Occupation	Occupation
Employer	Employer

LOAN DETAILS

Amount being applied for \$	
Amount in words	
Purpose	

REPAYMENT PERIOD

Monthly repayment	
Repayment dates	

PROPERTY DETAILS

Stand Number					
Location/Township					
Title deed/Lease Number/Sale					
Name of registered owner	Name of registered owner				
The property is located in a :					
Municipal/Town/growth point area					
The property has access to Water	YES/NO				
Sewer	YES/NO				
Road	YES/NO				
The stand is vacant/developed					
If developed, give a brief description	of development thereon:-				

DECLARATION AND ACCEPTANCE

- I here certify that all the particulars given by me are true and complete
- I understand that should the Inter Ministerial Civil Service housing Committee discover any
 material facts to have been falsified on this form my application shall automatically be
 disqualified.
- Please arrange to deduct my loan installment from my salary, allowances and other benefits every
 month with immediate effect and pay the amount directly to the Ministry of Local Government,
 Public Works and National Housing.
- I also hereby authorize you to pay terminal benefits or final salary directly to the Ministry in the event of termination benefits of my employment.
- I agree and understand that this agreement will be in force until it is canceled in writing by me and confirmed by the Ministry.
- Housing Committee to make any lawful enquiries regarding all the facts on this application to assist the board in determining this application.
- I understand that should my application be successful I shall enter into an agreement with Ministry of Local Government, Public Works and National Housing in respect of this loan.
- I understand that I am bound by the provisions of the Fund's Constitution.

Name of Applicant		
Signature		
Date		
WITNESS		
1.	Name	
	Signature	
2.	Name	
	Signature	
3.	Name	
	Signature	