



# ANGLICAN CHURCH OF SOUTHERN AFRICA OFFICE OF THE PROVINCIAL TREASURER

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## APPLICATION FOR A PENSION FUND HOUSING LOAN

### APPLICANT DETAILS

THIS FORM MAY BE FILLED IN ONLINE  
CLICK IN EACH BOX TO ACTIVATE TYPING FUNCTION

All mandatory fields are marked with an asterisk \*

First names:*	<input type="text"/>		
Surname:*	<input type="text"/>		
Title:*	<input type="text"/>	Initials:*	<input type="text"/>
Date of birth:*	(YYYY / MM / DD)	<input type="text"/>	
ID type:*	<input type="text"/>		
ID number:*	<input type="text"/>		
Residence status:*	<input type="text"/>		
Language for correspondence:*	<input type="text"/>		
Marital status:*	<input type="text"/>		
Marital contract:*	<input type="text"/>		
Number of dependants:*	<input type="text"/>		
Residential address:*	<input type="text"/>		
Suburb:*	<input type="text"/>		
Postal code:*	<input type="text"/>		
Postal address (if different):			
PO Box No:	<input type="text"/>	Suburb:	<input type="text"/>
Postal code:	<input type="text"/>		

**APPLICANT DETAILS** ctnd.

Tel No (Home):\*

Tel No (Work):\*

Cellphone No:\*

E-mail address:\*

**MINISTRY DETAILS**

(YYYY / MM / DD)

Current Diocese:  Commencement date

Previous Diocese:  Commencement date

Occupation:

Gross monthly income:\* R

Disposable income after compulsory deductions:\* R

**BANKING DETAILS**

Bank name:\*

Branch name:\*

Account name:

Account type:\*

Account No:\*

Existing Home Loan bank name (if applicable):\*

Home Loan Account No:\*

Existing Home Loan monthly instalment:\* R

Existing Home Loan balance:" R

Have you ever been declared insolvent?\*

If Yes, date of rehabilitation: (YYYY / MM / DD)

## LOAN DETAILS

All mandatory fields are marked with an asterisk \*

Reason for loan (e.g. building, renovation): \*

Loan amount required:\* R

Loan amount to be registered:\* R

Collateral amount:\* R

Surety required:\* R

Loan Term:

If further loan is required, please complete section below

## FURTHER LOAN

Total of existing loans registered against this property:\* R

## PROPERTY DETAILS

Property type:\*

Property use:\*

Purchase price:\* R

Date purchased: (YYYY / MM / DD)

Property address:

**Terms and conditions:**

1. It is acknowledged by the undersigned that this home loan application will only be granted if the amount available from the members commutation benefit is sufficient to cover the loan amount applied for in this application.
2. In the event that the amount requested is greater than the tax free commutation value set by the Minister of Finance from time to time, the amount granted will be at the discretion of the Pension Fund but shall not exceed seventy percent of the total commutation value. The balance of thirty percent shall be retained for tax purposes.
3. The applicant consents, on approval of the home loan, to the monthly loan repayment being deducted directly from his/her stipend/salary and paid to the pension fund bank account held in Cape Town.
4. The applicant consents to any unpaid portion of the loan, on date of retirement or withdrawal from the pension fund to be deducted from the amount available for commutation and/or the withdrawal benefit.
5. In the event that the property that is subject to the pension fund home loan is sold, the member undertakes to settle the pension fund home loan from the proceeds of the property sale.
6. For members of the Anglican Church of Southern Africa Retirement Fund the applicant gives consent for the loan to be drawn down from the member share of fund and further confirms that the earnings on the value of share of fund drawn down and given as a loan will be limited to the interest payable of Prime - 2%.
7. This application is subject to the provisions of the National Credit Act 34 of 2005.
8. With regard to registration of the Pension Fund as a credit provider the Pension Fund reserves the right to call for further information in support of this application.
9. The applicant further acknowledges that the interest rate applicable on the loan is Prime -2%.

I, (full names)

confirm consent to the terms and conditions as set out above and certify that all the information given above is correct.

Signature: \_\_\_\_\_

Date:

**THIS PAGE MUST BE  
DOWNLOADED,  
PRINTED AND SIGNED  
THEN POSTED, FAXED  
OR SCANNED  
AND EMAILED  
TO ACSA**

This application enjoys the support of the undersigned.

Bishop: \_\_\_\_\_

Date:

Diocesan Secretary: \_\_\_\_\_

Date: