



Application for Pre – Qualification

Surname_____ First Name(s) _____
ID Number _____ Work Tel No _____
Contact Numbers _____ Email Address _____
Physical Address _____ Suburb _____
City_____Postal Code _____ Province _____
Country_____

Return Form to info@baffasa.co.za

Contact us on: +27 31 109 1662

INCOME	TOTALS	EXPENSES	TOTALS
Basic Salary / Wage	_____	Assurance (Life, Retirement Annuities)	_____
Average Commissions	_____	Domestic Wages	_____
Investments	_____	Donations	_____
Interest Income	_____	Education	_____
Rental Income	_____	Groceries	_____
Housing Subsidy	_____	Insurance and Funeral Policies	_____
Average Overtime	_____	M-Net, DSTV and TV License	_____
Monthly Car Allowance	_____	Maintenance / Alimony	_____
Travel Allowance	_____	Petrol and Transport Costs	_____
Income from Sureties	_____	Security	_____
Maintenance / Alimony Income	_____	Medical - <i>If not payslip deduction</i>	_____
Future Rental Income	_____	Rental - <i>Would this amount fall away if bond is approved?</i>	_____
Other	_____	Water and Lights	_____
Other	_____	Other	_____
Other	_____	Other	_____
TOTAL INCOME	_____	TOTAL EXPENSES	_____

DEDUCTIONS	TOTALS
Income Tax – PAYE / SITE	_____
Pension	_____
U.I.F	_____
Medical Aid <i>*If Salary deduction</i>	_____
Other Deductions	_____
SUB-TOTAL DEDUCTIONS	_____

EXPENSES (CONTRACTUAL)

Cellphone / Telephone and ISP

Description _____	Monthly _____
Description _____	Monthly _____
Description _____	Monthly _____

Credit Cards

Description _____	Monthly _____	Outstanding Balance _____
Description _____	Monthly _____	Outstanding Balance _____
Description _____	Monthly _____	Outstanding Balance _____

Loans - Personal, Student etc

Description _____	Monthly _____	Outstanding Balance _____
Description _____	Monthly _____	Outstanding Balance _____
Description _____	Monthly _____	Outstanding Balance _____
Description _____	Monthly _____	Outstanding Balance _____
Description _____	Monthly _____	Outstanding Balance _____

Retail Accounts - Clothing, Store Cards

Description _____	Monthly _____	Outstanding Balance _____
Description _____	Monthly _____	Outstanding Balance _____
Description _____	Monthly _____	Outstanding Balance _____

Signature _____ Date _____