

**PROVIDENT FUND OF THE FURNITURE INDUSTRY OF THE  
WESTERN CAPE**

Furniture Industry House, 19 Kent Street, Salt River 7925 PO Box 1123 Woodstock 7915 Tel: 4484436/40 Fax: 4470376

**APPLICATION FOR HOUSING LOAN**

SURNAME ..... FIRST NAMES .....

HOME ADDRESS .....

TELEPHONE: (H) ..... (W) .....

DATE OF BIRTH ..... IDENTITY NUMBER .....

TRADE OR OCCUPATION ..... INDEX NO. ....

EMPLOYER .....

PERIOD OF EMPLOYMENT IN THE FURNITURE INDUSTRY .....

WAGE (PER WEEK/MONTH) R..... SPOUSE R.....

**AMOUNT OF LOAN REQUIRED** .....

**REPAYMENT OF LOAN : THE ADDITIONAL CONTRIBUTION BASED ON A PERCENTAGE OF YOUR NORMAL/BASIC WEEKLY/MONTHLY WAGE**

**Note:** When your basic wage increases the amount of the additional contribution would increase proportionately.

5%    10%    15%    other (Please tick appropriate block)

(These repayments must be made until the loan has been repaid in full in terms of the rules of the Provident Fund Housing loan scheme)

**LOAN REQUIRED:** (Please tick appropriate block)

To buy a house or land and/or to erect a home on it   
(on condition that both you and the seller utilize our firm of attorneys –  
information obtainable on pg 2)

To make additions or alterations to or to repair your home   
(please submit proof of ownership & approved plan of property you intend improving)

To repay an existing mortgage loan with another institution in respect of a  
property owned by the member or his/her spouse

To buy a wendy house (loans are not granted for second hand wendy houses)

**PLEASE NOTE: AS PER CLAUSE 11(5) OF THE PROVIDENT FUND AGREEMENT A MEMBER MUST SUBMIT A COPY OF THE AGREEMENT TO PURCHASE AND/OR PROOF OF EXPENSES AND/OR QUOTATIONS AS THE CASE MAY BE, TO THE SATISFACTION OF THE COMMITTEE, ALONG WITH THEIR APPLICATION FOR A HOUSING LOAN.**

**ANY OFFER TO PURCHASE A PROPERTY MUST CONTAIN AND UTILIZE THE APPROVED CONVEYANCING ATTORNEYS OF THE PROVIDENT FUND. DETAILS OVERLEAF.**

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT**

(Failure to complete could result in your application being cancelled)

**SIGNATURE OF APPLICANT ..... DATE .....**

Please note that the approval of your housing loan application is also subject to both you and the seller making use of the following firm of attorneys, which have been approved and appointed by the Provident Fund, to the registration and transfer of the property you intend purchasing into your name.

Name of Firm of Attorneys - Maurice Phillips & Wisenberg  
Reference / contact Attorney - Mr. Paul Wisenberg / Heinrich Lombard  
Telephone No. - (021) 419-7115 Fax No. (021) 419-7049  
Postal Address - P O Box 522  
Cape Town  
8000  
Physical address - 10<sup>th</sup> Floor, 2 Long Street  
Cape Town  
8001

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**FOR OFFICE USE ONLY**

MEMBER'S LOAN VALUE AS AT ..... : R .....

YEARS TO RETIREMENT .....

LOAN FOR WHICH MEMBER QUALIFIES: .....

LOAN REQUIRED BY MEMBER .....

HOUSING LOAN CONTRIBUTION : %

**LOAN TO BE MADE PAYABLE TO**

PAYEE	AMOUNT	CHEQUE NO.	DATE
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All documentation received for above application. If not, what is still required:

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COUNCIL OFFICIAL ..... DATE .....

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MANAGEMENT COMMITTEE

Date of meeting .....

Loan : Approved  Refused

Loan amount authorised R .....

Signed ..... Dated .....

(Secretary)

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Furniture Industry House, 19 Kent Street, Salt River 7925 : P.O. Box 1123 Woodstock 7915: Phone: 448-4436/40 Fax: 447-0376  
e-mail-housingloans@furniture.org.za

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**HOUSING LOAN : STOP ORDER**

I, ....., the undersigned, hereby irrevocably authorise my employer ..... and any subsequent employer to deduct from my wages an amount equivalent to ..... per cent of my normal wage per week during my employment and to pay over to the Provident Fund of the Furniture Industry of the Western Cape the amounts so deducted in accordance with the rules of the Provident Fund's Housing Loan Scheme.

**NOTE:** As the additional contribution towards the repayment of your housing loan is a percentage of your normal/basic wage, when your normal/basic wage increases the amount of the additional contribution would increase proportionately.

The additional contribution must continue to be repaid until you have been notified by the Provident Fund that your loan has been repaid in full in terms of the Fund's rules.

**SIGNATURE OF APPLICANT** .....

**NAME OF APPLICANT** .....

**DATE** .....

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**CONSENT OF EMPLOYER**

I/We, the undersigned, agree to deduct the above amount weekly from the wages of the applicant and forward the amounts deducted to the Bargaining Council for the Furniture Manufacturing Industry on a monthly basis until notified by the Provident Fund that the members loan has been repaid in full.

**SIGNATURE OF EMPLOYER** .....

**FIRM'S STAMP**

**DATE** .....