



IGROW WEALTH HOMELOANS

CONSENT FORM - EXPERIAN CREDIT FORM

I, the undersigned:

_____ [Insert consumer's full name and surname]

Identity Number:

Mobile:

Email:

Physical Address:

CONSENT IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT

IGrow Wealth Homeloans and BetterLife Origination Services Proprietary Limited ('MortgageMax' or 'you') (a subsidiary of BetterLife Group Limited) cares about your privacy and information security. For more information about how MortgageMax protects your personal information please see their privacy policy.

You will only process my personal information in accordance with this consent and for the purpose for which you collected it.

I agree to provide you with certain personal information when I communicate with you by email, SMS (or any other electronic means) or telephone and make use of your home loan pre-qualification service and/or to do a credit check through a registered credit bureau to obtain my credit report.

I agree and give my consent to you to process my personal information for the purposes relating to obtaining my credit report through you and agree that you may share this information for this purpose with a registered credit providers as well as your service providers in order to enable them to process my personal information to determine whether I qualify for a home loan, including but not limited to do credit checks, fraud checks, checks with and reporting to the South African Fraud Prevention Service.

Signature _____ Date _____

Name of the Signatory _____

CONSENT – EXPERIAN CREDIT CHECK

I appoint **IGrow Wealth Homeloans and BetterLife Origination Services Proprietary Limited ("MortgageMax" / "My Representative")** to be my lawful representative and agent in my name, place and stead, to obtain a copy of my personal credit report ("**PCR**") from a Registered Credit Bureau, to be used solely for the following purposes – (a) providing me with advice or assistance with managing my credit, by having reference to the consent of my PCR; (b) challenging the accuracy of information contained on my PCR; and (c) investigating information held on me by the registered credit bureau.

I consent to the Registered Credit Bureau releasing a copy of my PCR in PDF or XML format to my Representative and to my Representative having sight of the content of my PCR for the above purpose. Furthermore, I consent to my Representative providing all personal information provided by me to in relation of accessing my PCR to the registered credit bureau for purpose of updating my credit record.

My Representative may request my PCR from the registered credit bureau on condition that they undertake: (a) not to host, resell, on-sell or make my PCR available to any third party or agent, or use my PCR to compile any other databases; (b) not to amend or add any information on my PCR or deal with my PCR in contravention of any applicable laws; (c) to take all reasonable security measures to prevent unauthorised access to the information contained on my PCR; (d) to destroy my PCR upon my request or immediately after it has served the purpose for which it was obtained on my behalf; (e) to keep record of any persons who has access to my PCR for as long as it's in my Representative's possession, before it is destroyed.

I am aware that I am entitled to one free PCR per year from any registered credit bureau and that I can obtain my free PCR by contacting the credit bureau directly, either telephonically, by way of email, fax or attending on the office of the credit bureau in person. I am aware that I have the right to challenge the accuracy of any information contained on my PCR directly with a credit bureau. Attached to this is a copy of my Identity Document. I confirm that the information furnished herein to the registered credit bureau is true and correct.

I agree and explicitly give consent to My Representative to share a copy of my PCR with the *third party. (tick the appropriate box)

I consent

I do not consent

Signature _____ Date _____

Name of the Signatory _____

**Third party" means financial institution and/or its representatives, the estate agent, the property developer, the conveyancing attorney and/or any third party including but not limited to the lead provider dealing with a property that I am interested in purchasing.

AGENT:	
Name:	_____
Cell:	_____
Email Address:	_____



Blue Rise
VILLAGE



PRE-QUALIFY FORM

Reference No: (Office use only) Where did you hear about Blue Rise Village?

Please attach copies of ID Documents, latest 3 months Payslips, latest 3 months Bank Statements, Marriage Certificate (if applicable)

Deposit Available R _____ **ARE YOU A FIRST TIME FIXED PROPERTY OWNER?** YES NO

Main Applicant - Details	
Title	MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> No of people in household: <input type="text"/>
Surname	_____
First Names	_____
ID Number	_____
Physical Address	_____
Marital Status	ANC <input type="checkbox"/> COP <input type="checkbox"/> CO-HABIT. <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/>
No of Dependants	_____
Who do you work for?	_____
Position	_____
How long?	_____ years _____ months If less than 2 years:
Previous Employer	_____
How long?	_____ years _____ months
Tel. No. (W)	()
Tel. No. (H)	()
Email Add:	_____
Cell No.	_____

Applicant's Spouse / Partner - Details	
Title	MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> No of people in household: <input type="text"/>
Surname	_____
First Names	_____
ID Number	_____
Physical Address	_____
Marital Status	ANC <input type="checkbox"/> COP <input type="checkbox"/> CO-HABIT. <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/>
No of Dependants	_____
Who do you work for?	_____
Position	_____
How long?	_____ years _____ months If less than 2 years:
Previous Employer	_____
How long?	_____ years _____ months
Tel. No. (W)	()
Tel. No. (H)	()
Email Add:	_____
Cell No.	_____

ARE YOU A FIRST TIME PROPERTY OWNER? Please tick YES NO

Main Applicant	
Monthly Income	Monthly Expenses
Gross Salary R _____	Creche/School/Child minders R _____
Net Salary R _____	Contracts (Gym/Phone) R _____
*Commission (50%) R _____	Transport/Petrol/Maintenance Costs R _____
*Overtime (50%) R _____	Accounts (Edgars, Mr Price) R _____
Car Allowance R _____	Groceries R _____
Housing Assistance R _____	Other R _____
Comments: _____	TOTAL Expenses R _____
* Commission/Overtime must have been earned for at least the past 12 months to be able to include as income.	
Income not considered: Cash payments, maintenance, other irregular/unsustainable income	

Spouse / Partner / Second Applicant	
Monthly Income	Monthly Expenses
Gross Salary R _____	Creche/School/Child minders R _____
Net Salary R _____	Contracts (Gym/Phone) R _____
*Commission (50%) R _____	Transport/Petrol/Maintenance Costs R _____
*Overtime (50%) R _____	Accounts (Edgars, Mr Price) R _____
Car Allowance R _____	Groceries R _____
Housing Assistance R _____	Other R _____
Comments: _____	TOTAL Expenses R _____
* Commission/Overtime must have been earned for at least the past 12 months to be able to include as income.	
Income not considered: Cash payments, maintenance, other irregular/unsustainable income	

DECLARATION BY APPLICANT (S)

I/We authorise IGrow Wealth Homeloans and/or any of its brokers or broker hubs and/or the bank(s) to obtain information on my behalf and to verify the information contained in this Pre Qualify Form and to enquire on the various credit bureaus on my/our creditability. We authorise further the appointment of an agent to request and receive from a registered credit bureau my personal credit report in the same format as I would have received it had I requested it in person.

I/We further confirm that all the information provided is true and correct. I/We further acknowledge that the information supplied shall constitute the basis on which the application is considered and that all information is of material importance and directly relevant to the consideration of my/our application.

I/We agree that IGrow Wealth Homeloans may only use my/our personal information for the purpose for which it is intended.

Applicant Spouse Date

I confirm having made the applicants who have signed the consent above aware of the contents and that me/she/they appear to have understood them.

Full Name of Consultant Consultants Signature Consultants Identity Number