

HOUSING FINANCE COMPANY LTD (HFC)
PENSIONERS' EMERGENCY HOME LOAN APPLICATION FORM

PART A *To be completed by Applicant*

1. PERSONAL DETAILS

Applicant Full Name

N.I.N.

Age

Marital Status: **Married**

☐

Single

☐

Other

☐

Dependant (s)

Age

Contact Number (s):

Office:

Mobile:

District:

Email:

Postal Address:

HFC Customer Number (To be inserted by HFC Loans Officer)

Purpose of Loan:

Loan Amount Applied:

Applicant Signature

Date:

PART B To be completed at Housing Finance Company Ltd. (HFC)

Monthly Benefit(s) Received From: Seychelles Pension Fund
Agency for Social Protection

2. INCOME AND EXPENDITURE

(a) MONTHLY INCOME DETAILS *(Attach copies of Pension documents)*

Applicant Monthly Benefit (A)
Other Income
Total Net Income

(b) MONTHLY EXPENDITURES

Loan Payments
Insurance
Rent
Other (Specify)
Total Expenditure (B)
Net Surplus (A - B)

3. BANK DETAILS

Name of Bank(s)	Account Number(s)	Latest Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. LOAN DETAILS

Loan Amount
Repayment Term
Interest Rate
Monthly Repayment (SR)

Mode of Repayment: Deduction from Monthly Benefit Standing Order

From Bank Account

5. PROPERTY DETAILS (Not Applicable for the Purchase of Appliances)

Parcel No / House No.

Location

Status of Ownership:

House Owner:

YES

NO

Land Owner:

YES

NO

I hereby certify that the information contained in this application is correct and it provides a full and complete picture of my financial position. You are hereby authorized to obtain any confirmation you may require about the information disclosed in this application from my employer(s), banker(s) or other, in order to consider this application.

I understand that the Housing Finance Company Ltd (HFC) will charge me/us a Processing Fee, which is payable prior to the approval of the loan. I also understand that these fees are non-refundable should we decide to cancel the loan at any time during the processing.

Applicant

Date:

PART C *To be completed by Loans Division Housing Finance Company Ltd. (HFC)*

Remarks / Recommendations

[illegible]

HFC OFFICER:

Name

Designation

Signature

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Date

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