

## ▶ CBA Motor Loan Application Form

[www.cbagroup.com](http://www.cbagroup.com)

### Personal Checklist

#### I have attached the following documents

- ▶ Original ID/Passport and copy
- ▶ Original PIN Certificate and copy
- ▶ Certified Bank statements for the last 6 months (for non CBA customer)
- ▶ Payslips for the last 3 months (original or copy certified by employer)
- ▶ A personal Financial Statement
- ▶ Letter from employer confirming terms and conditions of employment
- ▶ Copy of work permit (if non-Kenyan)
- ▶ Sale Agreement or Pro-Forma Invoice
- ▶ AA Valuation of the Motor Vehicle not more than 2 months old (for used cars)
- ▶ Copy of Utility Bills (Electricity, Telephone, Water) not more than 3 months old.





Please complete this form (in BLOCK CAPITALS) and return to one of our personal banking relationship managers in your nearest branch

### 1. MY PERSONAL DETAILS

Title (tick appropriate box)  Mr  Mrs  Miss  Dr  Prof  Other

First name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Previous name(s) if any (e.g. maiden name) \_\_\_\_\_ Nationality \_\_\_\_\_

ID No/Passport No (please attach copy) \_\_\_\_\_ Country of residence \_\_\_\_\_

PIN Number (plus copy of PIN certificate) \_\_\_\_\_ Date of birth (dd mm yyyy) \_\_\_\_\_

Telephone contacts \_\_\_\_\_ Postal Address \_\_\_\_\_

Office No. \_\_\_\_\_ Home No. \_\_\_\_\_

Mobile No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Marital status  Single  Married  Divorced  Widowed

No. of dependents \_\_\_\_\_

Education level  Post Graduate/Professional  Graduate  Diploma  Certificate  High School

### 2. ABOUT MY RESIDENCE

Current residential address (please give full details – plot no., street name, area, etc)

Length of stay at present address \_\_\_\_\_ Years

Previous residence address (if less than 3 years at current residence)

Type:  Rented  Owned  Living with parents  Mortgaged  Employer provided

If mortgaged, repayment amount: \_\_\_\_\_ Balance of mortgage: \_\_\_\_\_ Current value of home: \_\_\_\_\_

Permanent address if different from present address (foreign nationals, please provide address in home country)

### 3. MY WORK DETAILS

Name of current employer \_\_\_\_\_ No. of years with employer \_\_\_\_\_

Work address \_\_\_\_\_ Telephone (Work) \_\_\_\_\_

Occupation \_\_\_\_\_ Employment sector \_\_\_\_\_

Contract tenure \_\_\_\_\_ Expiry date \_\_\_\_\_

Salary received at Commercial Bank of Africa?  Yes  No

Date when salary received \_\_\_\_\_

Name of previous employer (if less than 3 years with current employer) \_\_\_\_\_

No. of years with previous employer \_\_\_\_\_

Anticipated retirement age \_\_\_\_\_

Frequency of salary payments  Weekly  Fortnightly  Monthly other (specify) \_\_\_\_\_

If salary is not paid to Commercial Bank of Africa are you willing to open an account with Commercial Bank of Africa and have your salary mandated to the account if your loan is approved?  Yes  No

### 4. EMPLOYER GUARANTEE (IF APPLICABLE)

Employers name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

(Your employer will be required to execute our guarantee form).

**5. MY BANK DETAILS**

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Account with Commercial Bank of Africa?  Yes  No

Branch: \_\_\_\_\_ Account No(s) \_\_\_\_\_

Number of years with Commercial Bank of Africa \_\_\_\_\_

Existing loans with Commercial Bank of Africa  Yes  No

Balance: \_\_\_\_\_ Date Drawn: \_\_\_\_\_ Date repaid: \_\_\_\_\_

**Other bank account details**

Bank /Institution	Branch	A/C type	Facility taken	Monthly Repayment	Outstanding Amount
i. _____	_____	_____	_____	_____	_____
ii. _____	_____	_____	_____	_____	_____
iii. _____	_____	_____	_____	_____	_____
iv. _____	_____	_____	_____	_____	_____
v. _____	_____	_____	_____	_____	_____

How long have you had the above accounts? i) \_\_\_\_\_ ii) \_\_\_\_\_ iii) \_\_\_\_\_ iv) \_\_\_\_\_

**6. MY BUDGET PLANNER**

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Please attach original documents to assist in fast processing of your application. Please attach latest 6 months ORIGINAL payslips

**Monthly Income** Salary \_\_\_\_\_ Commission \_\_\_\_\_ Rental/Receipts \_\_\_\_\_  
Other income (Specify) \_\_\_\_\_ Total Income (I) \_\_\_\_\_

**Monthly Expenses** Loan payments \_\_\_\_\_ Mortgage/Rent payments \_\_\_\_\_ Card payments \_\_\_\_\_  
Other expenses \_\_\_\_\_ Total (E) \_\_\_\_\_ Surplus (S=I-E) \_\_\_\_\_

**7. MY CREDIT CARD DETAILS**

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Do you have a credit card?  Yes  No

If No, would you like a CBA Visa Credit Card?  Yes  No

Please provide details of your credit card(s)

1<sup>st</sup> credit card

Name of card provider \_\_\_\_\_ Card No. \_\_\_\_\_

Expiry date \_\_\_\_\_ Limit \_\_\_\_\_

2<sup>nd</sup> credit card

Name of card provider \_\_\_\_\_ Card No. \_\_\_\_\_

Expiry date \_\_\_\_\_ Limit \_\_\_\_\_

**8. LOAN DETAILS**

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Please state the total amount of loan you will require:

Currency: \_\_\_\_\_ Amount: \_\_\_\_\_

Over how many months would you like to repay the loan? \_\_\_\_\_

(The minimum term of the loan is 12 months while the maximum is 60 months)

**9. MOTOR VEHICLE DETAILS**

Make of asset:		CC:
Model:		New / Used:
Reg No:		Year of Manufacture:
	Selling Price:	
	Less: Discount	
	Net Price	
	Add: Body , accessories	
	Total Cost	
	Less: Trade - in , Cash	
	Amount to be Financed	
No of Months		Currency

**10. INSURANCE NOTICE**

Please note that the motor vehicle purchased will have to be comprehensively insured at all times by yourself with an insurance company approved by the bank and with the Banks interest duly noted on the policy of insurance.

Would you like CBA to arrange insurance cover for your car?      Yes       No

Would you like CBA to finance your insurance premiums?      Yes       No

If Yes, please complete the attached Premium Financing Form.

If No, please provide the following information:

Name of the Insurance Company: \_\_\_\_\_

Policy Number (If already processed) \_\_\_\_\_

Expiry Date of Insurance Cover \_\_\_\_\_

**11. REFEREES**

	Referee 1	Referee 2 (Must be relative)
Full Name	_____	_____
Relationship	_____	_____
No. of years acquainted	_____	_____
Nationality	_____	_____
Telephone. (Home)	_____	_____
Telephone. (Work)	_____	_____
Telephone. (Mobile)	_____	_____
Physical address (work/residence)	_____	_____
E-mail Address	_____	_____

**How did you hear about Commercial Bank of Africa Motor Loans**

- Please tick where applicable       Press advertisement       TV advertisement       Existing Customer  
 Radio advertisement       Direct mail       Telesales       Referral

If it's a campaign (please specify) \_\_\_\_\_ Others (please specify) \_\_\_\_\_

**12. DECLARATION**

I certify that this information is true and correct and authorize Commercial Bank of Africa Limited to contact any source for confirmation.

I confirm that I have understood the terms and conditions (see attached) applicable to this facility and accept to be bound by the same.

I understand Commercial Bank of Africa Limited reserves the right to approve or decline this application at its own discretion without giving reasons.

Applicant's name \_\_\_\_\_ Date (dd mm yyyy) \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date (dd mm yyyy) \_\_\_\_\_

**BANK USE ONLY**

Check list for Branch/Account Relationship Manager		
<input type="checkbox"/> Checklist completed	<input type="checkbox"/> 6 months statements checked against payslip	
<input type="checkbox"/> If foreigner attach contract and work permit		
Is application compliant with existing product profile?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, list the expectations		
i) _____		
ii) _____		
iii) _____		
Recommended by: Account Relationship Manager	Signature	Date
Verified by: Credit Analyst	Signature	Date



