

**KILKENNY COUNTY COUNCIL**

**RECONSTRUCTION LOAN APPLICATION FORM**

**PLEASE READ THE FOLLOWING NOTES CAREFULLY**

Kilkenny County Council will be prepared to consider applications for loans to persons proposing to execute reconstruction, repair or improvement works on a house for their own occupation.

**The following is a quick checklist of eligible criteria:**

1. You may qualify for a loan if your income does not exceed the qualifying limit as follows - single income household earning less than €50,000 or two income household earning less than €75,000.
2. **The maximum loan amount is €38,000 for a secured loan** *or*

 *€15,000 for an unsecured loan.* In the case of a **secured loan** it is required that a burden/charge to the value of the loan be registered against the folio of the property. The applicant will be required to engage a Solicitor and will be responsible for their own legal costs.

1. The rate of interest to be charged will be the rate determined by the Department of the Environment and Housing Finance Agency and may vary from time to time as directed by the Housing Finance Agency. There is no Fixed Interest rate available.

**CHECKLIST FOR APPLICANT/S**

In the case of the PROPOSED WORKS, please provide

Fully Completed Application Form

Application Fee of €15

Photographic Identification (Current Passport or Drivers Licence)

Proof of Present Address (Current Utility Bill or Bank Statement)

Original Salary Certificate (Appendix 1), Original P60, P21 Salary Certificate

and 4 Recent Payslips

Provide documentary evidence of any Social Welfare Income Benefit payments

Detailed Plans and outline specification of the proposed work

Copy of Site Location Map

Copy of Planning Permission (if applicable)

Three Itemised Estimates from Tax Registered Contractors

Original Current Account Statements with name and address of applicant(s)(6 Months)

Original Savings Statements with name and address of applicant(s) (12 Months)

Original Loan Statements including name and address of applicants

(12 Months) detailing amount outstanding and the weekly/ monthly payments on

all loans, credit cards and other liabilities.

Proof of Household Insurance documentation to be submitted

***Self Employed***

Accountants Report/Audited Accounts (2 Years Required) supported by a minimum

of six months recent business current A/C statement verifying net income

Income provided by Applicants must be supported by a minimum of two years accounts

form a suitable qualified practitioner (ACCA / FA / CPA / IPA)

Current Tax Balancing Statement

Current Preliminary Revenue Tax Payment Receipt

Min 6 months most recent business current account statements verifying net income

***Applicants are advised:***

**Applicants are asked to arrange an appointment with the Housing Loans Office, Johns Green House, Kilkenny to discuss their loan applications when submitting their completed application form:**

**Contact telephone number: 056 7794903 (Peter)**

 **056 7794949 (Catherine)**

**Please ensure all documentation is provided and all sections of the application are completed (Incomplete applications will be returned).**

**FORM OF APPLICATION FOR A LOAN UNDER THE PROVISIONS OF**

**THE HOUSING ACT, 1966 –SECTION 40**

**1.** Name of Applicant:

**Applicant A Applicant B**

|  |  |
| --- | --- |
|  |  |

**2.** Current Address:

|  |  |
| --- | --- |
|  |  |

**3.** P.P.S. No.:

|  |  |
| --- | --- |
|  |  |

4. Date of Birth:

|  |  |
| --- | --- |
|  |  |

5. Contact Tel No:

|  |  |
| --- | --- |
|  |  |

**6.** Relationship Status:

|  |  |
| --- | --- |
| Single ⬜ Married ⬜ Legally Separated ⬜ Divorced ⬜ Other ⬜ (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Single ⬜ Married ⬜ Legally Separated ⬜ Divorced ⬜ Other ⬜ (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**7.** Dependants:

|  |  |  |
| --- | --- | --- |
| Name | Age | Relation to Applicant |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Address of Property the subject of the loan?

|  |  |
| --- | --- |
|  |  |

Details of tenure/ownership i.e. owner, rented, other?

|  |  |
| --- | --- |
|  |  |

Have you ever previously owned a property?

|  |  |
| --- | --- |
| Yes ⬜ No ⬜If ‘Yes’ please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes ⬜ No ⬜If ‘Yes’ please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Description of work or reconstruction, repair or improvements to be carried out?

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Estimate Cost of works?

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| --- |
| €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Amount of Loan required?

|  |
| --- |
| €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Amount of State Grant, if any?

|  |
| --- |
| €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Planning Permission

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| Is Planning Permission required: Yes ⬜ No ⬜If ‘Yes’ please give details – Planning Ref. etc Note: Plans, specifications and estimates of the proposed work must be submitted with the application |

|  |
| --- |
| **EMPLOYMENT STATUS** |
| Employed ⬜ Self Employed ⬜ Not Employed ⬜ | Employed ⬜ Self Employed ⬜ Not Employed ⬜ |

**Employment Details Employment Details**

Name & Address of Employer Name & Address of Employer

|  |  |
| --- | --- |
|  |  |
| Type of Business | Type of Business |
| Employment status e.g. permanent, etc | Employment status e.g. permanent, etc |
| Date commenced present employment\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | Date commenced present employment\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |
| Gross basic salary p.a. €Overtime p.a. €Bonus p.a. €Commission p.a. €Other income p.a. €Source of other annual income | Gross basic salary p.a. €Overtime p.a. €Bonus p.a. €Commission p.a. €Other income p.a. €Source of other annual income |
| If less than 6 months in current employment, please give previous employment contact details: | If less than 6 months in current employment, please give previous employment contact details: |
| **Self Employment Details** | **Self Employment Details** |
| Trading Name & Address | Trading Name & Address |
| Date of commencement of business\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | Date of commencement of business\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |
| Nature of Business | Nature of Business |
| State % shareholding | State % shareholding |
| Sole Trader ⬜ Director / Partner ⬜  | Sole Trader ⬜ Director / Partner ⬜  |
| Total net profit €(all partners, before drawings)Drawings € | Total net profit €(all partners, before drawings)Drawings € |
| Previous employer’s name & address | Previous employer’s name & address |
| Previous employment from\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_Previous employment to\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | Previous employment from\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_Previous employment to\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |
| Nature of BusinessOccupation | Nature of BusinessOccupation |

|  |
| --- |
| **FINANCIAL HISTORY & COMMITMENTS**  |
|  |
| **SAVINGS** |  |
|  |  | **first applicant** |  | **second applicant** |  | **financial institution(s)** |
| **Deposits:** |  | **€** |  | **€** |  |  |  |
| **Current account:** |  | **€** |  | **€** |  |  |  |
| **Other:** |  | **€** |  | **€** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **BORROWINGS** ***(INCLUDE CREDIT CARD DEBT)*** |  |
| **borrower** |  | **purpose** |  | **€ amount owing** |  | **€ monthly repayment** |  | **lender** |
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|  |  |  |  | **€** |  | **€** |  |  |
| **First Applicant** | **Second Applicant** |
| **Have you or your spouse ever been insolvent, bankrupt, involved in court proceedings for debt or compounded with creditors? Have any judgements been registered against you personally? Have any judgements been registered against a company of which you are a director?** |  | **Have you or your spouse ever been insolvent, bankrupt, involved in court proceedings for debt or compounded with creditors? Have any judgements been registered against you personally? Have any judgements been registered against a company of which you are a director?** |
|  |  |  |
| **Yes** |  |  | **No** |  |  |  | **Yes** |  |  | **No** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **If yes to any of the above, please give details:** |  | **If yes to any of the above, please give details:** |
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| **Are you obliged to pay alimony/child support or separation maintenance?** |  | **Are you obliged to pay alimony/child support or separation maintenance?** |
|  |  |  |
| **Yes** |  |  | **No** |  |  |  | **Yes** |  |  | **No** |  |  |
|  |  |  |
| **If yes, please state monthly amount:** |  | **If yes, please state monthly amount:** |
| **€** |  |  | **€** |  |

**Have you ever had a loan or made a previous application Have you ever had a loan or made a previous application**

**to any other lending agency? to any other lending agency?**

**Yes: No: Yes: No:**

**If yes, please give details: If yes, please give details:**

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| **WARNINGS**YOUR HOME IS AT RISK IF YOU DO NOT KEEP UP PAYMENTS ON A MORTGAGE OR ANY OTHER LOAN SECURED ON IT.THE PAYMENT RATES ON A HOUSING LOAN MAY BE ADJUSTED BY THE LENDER FROM TIME TO TIME.THE COST OF MONTHLY REPAYMENTS MAY RISE. |

I / WE ACCEPT THAT THE GRANTING OF LOAN APPROVAL OR PAYMENT OF AN IMPROVEMENT LOAN INVOLVES NO WARRANTY AS TO THE WORKS CARRIED OUT TO THE DWELLING AND IMPLIES NO WARRANTY ON BEHALF OF KILKENNY LOCAL AUTHORITIES OR ITS OFFICIALS AS TO THE STRUCTURAL SOUNDNESS OF THE DWELLING HOUSE.

I / WE CONFIRM THAT ALL OF THE INFORMATION OUTLINED ABOVE IS CORRECT TO THE BEST OF MY / OUR KNOWLEDGE.

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| --- |
| **Signatures** |
|  |
| First Applicant: |  | Date: |
|  |  |  |
| Second Applicant: |  | Date: |
|  |  |  |

**Important Notices**

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| --- |
| **Consent under the consumer credit act 1995** |
|  |
| Under the Consumer Credit Act 1995 a customer’s consent is required if the customer wishes the **local authority** to be able to telephone him/her at his/her place of employment/business in connection with a Credit Agreement. From time to time the **local authority** may need to contact you during working hours in connection with the Account. Should you wish to give your consent you should sign this part.I/we hereby consent to the **local authority** contacting me/us by telephone at my/our place of employment/business. |
|  |
| signature of first applicant: | date |
|  |  |  |
| signature of second applicant |  | date |
|  |  |  |
|  |  |  |
| **Credit reference searching & reporting** |
|  |
| **The local authority** may from time to time make searches against you on the records held by credit reference agencies. When such a search is made the Credit reference agencies will keep a record for a period (usually for a year) that the search has been made. **the local authority** may also provide information to credit reference agencies concerning this application and the manner in which the Account is conducted. For this **the local authority** requires your consent. Please note that if you do not consent **the local authority** may not be able to consider your application.You have the right at any time to request from any credit reference agency a copy of any “personal data” within the meaning of the Data Protection Act 1988 (as amended or re-enacted from time to time) that such a credit reference agency holds about you (for which they may charge a small fee) and to have inaccuracies in that information corrected.I/We authorise **the local authority** to carry our credit reference searches against me/us. I/We acknowledge that such credit reference agencies will record that such a search has been made and disclose that fact to their members for a period of at least one year. I/We also authorise **the local authority** to provide information concerning this application and the conduct of the Account to credit reference agencies. |
|  |
| signature of first applicant: | date |
|  |  |  |
| signature of second applicant |  | date |
|  |  |  |
|  |  |  |
| **Data protection notice** |
|  |
| ACCESS TO PERSONAL DATA. You have the right at any time to request a copy of any 'personal data' within the meaning of the Data Protection Act 1988 (as amended or re-enacted from time to time) that the **local authority** holds about you and to have inaccuracies in that information corrected. |
|  |
| **Consumer credit act 1995** |
|  |
| Please note carefully the following information relating to Housing Loans within the meaning of the Consumer Credit Act 1995.**“WARNING: YOUR HOME IS AT RISK IF YOU DO NOT KEEP UP PAYMENTS ON A MORTGAGE OR ANY OTHER LOAN SECURED ON IT.”****VARIABLE RATE LOANS - “THE PAYMENT RATES ON THIS HOUSING LOAN MAY BE ADJUSTED BY THE LENDER FROM TIME TO TIME.”****ARREARS**Interest will be applied to the outstanding balance of the loan. This balance includes any element of unpaid interest and charges which will accrue interest on the rate applicable to the account.**VALUATION**Where the property is sourced by the applicant on the open market, each application must be supported by a valuation report carried out by an approved independent or local authority valuer. Valuation/survey fees are payable by the applicant(s) to the firm of valuers who undertake the valuation. |

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| **Appendix 1** |

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| **THIS PART OF FORM TO BE COMPLETED IN RESPECT OF APPLICATIONS FOR LOANS OF €15,000 OR OVER** |
|  |
| **Applicant 1:** |
| THIS FORM MUST BE COMPLETED BY THE **REVENUE COMMISSIONERS** AND RETURNED. |
|  |
|  |
|  |
|  | YOUR FULL NAME(BLOCK LETTERS) |  |  |  |
|  |  |  |  |  |
|  | PREVIOUS NAME(IF ANY) |  |  |  |
|  |  |  |  |  |
|  | PRESENT ADDRESS |  |  |  |
|  |  |  |  |  |
|  | PREVIOUS ADDRESS(IF ANY) |  |  |  |
|  |  |  |  |  |
|  | PPS NUMBER (PRSI NUMBER) |  |  |  |
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|  |
| **TO BE COMPLETED BY INSPECTOR OF TAXES** |
|  |
| I hereby certify, in accordance with my records and to the best of my knowledge that the tax affairs of the above named person are in order. |
|  |
| **SIGNED** |  | **DATE** |  | / |  | / |  |  |
|  |
|  | **OFFICIAL STAMP** |  |
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| **THIS PART OF FORM TO BE COMPLETED IN RESPECT OF APPLICATIONS FOR LOANS OF €15,000 OR OVER** |
|  |
| **Applicant 2:** |
| THIS FORM MUST BE COMPLETED BY THE **REVENUE COMMISSIONERS** AND RETURNED. |
|  |
|  |
|  |
|  | YOUR FULL NAME(BLOCK LETTERS) |  |  |  |
|  |  |  |  |  |
|  | PREVIOUS NAME(IF ANY) |  |  |  |
|  |  |  |  |  |
|  | PRESENT ADDRESS |  |  |  |
|  |  |  |  |  |
|  | PREVIOUS ADDRESS(IF ANY) |  |  |  |
|  |  |  |  |  |
|  | PPS NUMBER (PRSI NUMBER) |  |  |  |
|  |  |  |  |  |
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|  |
| **TO BE COMPLETED BY INSPECTOR OF TAXES** |
|  |
| I hereby certify, in accordance with my records and to the best of my knowledge that the tax affairs of the above named person are in order. |
|  |
| **SIGNED** |  | **DATE** |  | / |  | / |  |  |
|  |
|  | **OFFICIAL STAMP** |  |
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| **Appendix 2** |

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| **THIS PART OF FORM TO BE COMPLETED ONLY IF ONE APPLICANT IS ON SOCIAL WELFARE.** |
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|  |
|  | YOUR FULL NAME(BLOCK LETTERS) |  |  |  |
|  |  |  |  |  |
|  | PREVIOUS NAME(IF ANY) |  |  |  |
|  |  |  |  |  |
|  | PRESENT ADDRESS |  |  |  |
|  |  |  |  |  |
|  | PREVIOUS ADDRESS(IF ANY) |  |  |  |
|  |  |  |  |  |
|  | PPS NUMBER (PRSI NUMBER) |  |  |  |
|  |  |  |  |  |

**In relation to the above named loan applicant I confirm that the following information is correct**:

**TOTAL AMOUNT OF UNEMPLOYMENT BENEFIT/ASSISTANCE RECEIVED FROM**:

1st January \_\_\_\_\_\_\_\_\_\_\_ to 31st December \_\_\_\_\_\_\_\_\_\_\_\_\_ = €\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT AMOUNT OF UNEMPLOYMENT BENEFIT/ASSISTANCE BEING RECEIVED

€ \_\_\_\_\_\_\_\_ WEEKLY

|  |
| --- |
| **TO BE COMPLETED BY AN OFFICIAL OF THE DEPARTMENT OF SOCIAL WELFARE/EMPLOYMENT EXCHANGE** |
|  |
| I hereby certify, in accordance with my records and to the best of my knowledge, that the above named person is in receipt of social welfare payments. |
|  |
| **SIGNED** |  | **DATE** |  | / |  | / |  |  |
|  |
|  | **OFFICIAL STAMP** |  |
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**Appendix 3 - SALARY CERTIFICATE – (to be completed by First Applicants Employer)**

**THIS SECTION IS TO BE COMPLETED BY AN AUTHORISED COMPANY OFFICIAL**

**Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please authenticate with company stamp or seal**

**Tel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THE INFORMATION GIVEN WILL BE TREATED IN THE STRICTEST CONFIDENCE**

**SALARY DETAILS**

 **Guaranteed Regular Irregular**

**Gross basic wage/salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a   **

**Overtime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a   **

**Bonus:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p.a   **

**Commission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a   **

**Other income\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p.a   **

**\*Please give details of other income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employment Details**

**Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Length of service with the company: Years \_\_\_\_\_\_\_ Months \_\_\_\_\_\_\_\_**

**Position held within the company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The exact location of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is employment permanent? Yes  No **

**Is employee on probation period? Yes  No **

**So far are you able to tell will he/she continue to be in your service? Yes  No **

**If so, what is the maximum of such scale and by what annual increments reached?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix 4 - SALARY CERTIFICATE – (to be completed by Second Applicants Employer)**

**THIS SECTION IS TO BE COMPLETED BY AN AUTHORISED COMPANY OFFICIAL**

**Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please authenticate with company stamp or seal**

**Tel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THE INFORMATION GIVEN WILL BE TREATED IN THE STRICTEST CONFIDENCE**

**SALARY DETAILS**

 **Guaranteed Regular Irregular**

**Gross basic wage/salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a   **

**Overtime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a   **

**Bonus:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p.a   **

**Commission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a   **

**Other income\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p.a   **

**\*Please give details of other income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employment Details**

**Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Length of service with the company: Years \_\_\_\_\_\_\_ Months \_\_\_\_\_\_\_\_**

**Position held within the company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The exact location of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is employment permanent? Yes  No **

**Is employee on probation period? Yes  No **

**So far are you able to tell will he/she continue to be in your service? Yes  No **

**If so, what is the maximum of such scale and by what annual increments reached?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix 1 - SALARY CERTIFICATE – (to be completed by First Applicants Employer)**

**THIS SECTION IS TO BE COMPLETED BY AN AUTHOIRISED COMPANY OFFICAL**

**Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please authenticate with company stamp or seal**

**Tel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THE INFORMATION GIVEN WILL BE TREATED IN THE STRICTEST CONFIDENCE**

**SALARY DETAILS**

 **Guaranteed Regular Irregular**

**Gross basic wage/salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a   **

**Overtime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a   **

**Bonus:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p.a   **

**Commission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a   **

**Other income\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p.a   **

**\*Please give details of other income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employment Details**

**Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Length of service with the company: Years \_\_\_\_\_\_\_ Months \_\_\_\_\_\_\_\_**

**Position held within the company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The exact location of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is employment permanent? Yes  No **

**Is employee on probation period? Yes  No **

**So far are you able to tell will he/she continue to be in your service? Yes  No **

**If so, what is the maximum of such scale and by what annual increments reached?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**