

MORTGAGE APPLICATION FORM

FIRST APPLICANT/PARTNER Surname:: Other Names: ID Number: Marital Status: Ger Type of Business:	form, which must become hip will be dealt within a second	npleted in full and accordance with la	all supporting ws governing months pay s	g documents attached. borrowing by partnerships	
Other Names: ID Number: Dat Marital Status: Ger Type of Business: Occ	e of Birth: Inder: Inde	Postal Addr Town/City: Mobile: Location: Street/Build	ess:	Postal Code: Country:	
Other Names: ID Number: Dat Marital Status: Ger Type of Business: Occ	upation: e Employed: ignation: lding Block No:	Town/City: Mobile: Location: Street/Build		Country:	
ID Number: Dat Marital Status: Ger Type of Business: Occ	upation: e Employed: ignation: lding Block No:	Mobile: Location: Street/Build		,	
Marital Status: Ger Type of Business: Occ	upation: e Employed: ignation: lding Block No:	Location: Street/Build		E-mail:	
Type of Business: Occ	upation: e Employed: signation: lding Block No:	Street/Build		The state of the s	
	e Employed: signation: lding Block No:			House Number:	
Name of Employer: Dat	ignation: Iding Block No:	Department	ling/Estate:		
	lding Block No:		:		
Station: Des		Personal / S	Staff No:		
Building Name: Bui		Street:			
Office Tel No.: Offi	ce Address:	Postal Code	:		
Fax No.: E-n	nail:	Website:			
Town: Cou	intry:				
Terms of Employment: (Permanent / (Contract)	Expiry of Co	ntract:		
If on contract duration to expiry of con	tract:				
Residential Status: Owned	Rented	Living wit hpare	nts	Other	
Home Address: Pos	talCode:	HomeTel: CellPhone:			
FaxNo: E-n	nail:	Town: Country:			
Physical Address-Estate: Hou	ıseNo:	Street:			
Gross Salary:		NetSalary:			
Previous Employment Details					
Name of Employer in full:					
Building Name: Bui	lding Block No:	Street:			
Office Tel No.: Offi	ce Address:	Postal Code	Postal Code:		
Fax No.: E-n	nail:	Website:	Website:		
Town Cou	intry:				
Employment station: Em	ployment designation:	Last date of	employment	:	
Dependants					
Name	Relationship	Age	(Primary, Se	econdary,University)	









SECOND APPLICANT / PARTNER

Surname::				Postal Addres	SS:	Postal Code:
Other Names:				Town/City:		Country:
ID Number:	Date	of Birth:		Mobile:		E-mail:
Marital Status:	Gend	der:		Location:		House Number:
Type of Business:	Осси	ıpation:		Street/Buildir	ng/Estate:	
Name of Employer:	Date	Employed:		Department:		
Station:	Desi	gnation:		Personal / Sta	aff No:	
Building Name:	Build	ding Block No:		Street:		
Office Tel No.:	Offic	e Address:		Postal Code:		
Fax No.:	E-m	ail:		Website:		
Town:	Cour	ntry:				
Terms of Employment: (Permane	nt / C	ontract)		Expiry of Contract:		
If on contract duration to expiry o	f cont	ract:				
Residential Status: Owned		Rented	Liv	ring wit hparen	ts	Other
Home Address:	Post	alCode:		HomeTel: CellPhone:		
FaxNo:	E-m	ail:		Town: Country:		
Physical Address-Estate: HouseNo:		Street:				
Gross Salary:				NetSalary:		
Previous Employment Details						
Name of Employer in full:						
Building Name:	Building Block No: S			Street:		
Office Tel No.:	Office Address:			Postal Code:		
Fax No.:	E-m	ail:		Website:		
Town	Cour	ntry:				
Employment station:	Emp	loyment designation:		Last date of e	mployment:	
Dependants						
Name		Relationship	Age	9	(Primary, Se	condary,University)
				(0/)		
VATNumber(forpartnerships)				= -	· ·	
Name of your lawyers						
LOAN DETAILS: Purchase				struction] se price/BQa	Project finance mount (RWF):
Purpose of loan: Repayment Perio	d			(month	ns)	
					Regulated	by the National Bank of Rwanda









Borrowing from BPR Bank & other institutions

Lending institution.	Outstanding Loan Balance.	Repayment Amount.	Comments.
Totals.			

Total	15.			
AUTH	ORITY TO EMPLOYER TO REC	OVER LOAN THROUGH CHEC	K-0FFSYSTEM:	
				areas indicated above, do here
			•	irrevocable
, ,				of months or
				ead Office, P.O.Box1348, Kigal
	•			
			-	ition from employment for any
reaso	n whatsoever, I will make alte	rnative arrangement store pa	ay any outstanding loan a	mount so wing the bank.
Signa	ture	Da	te:	
WITN	ESS(HEADOFDEPT/CONTROI	LINGOFFICER/OFFICER- IN	CHARGE):	
Full N	lame		Rank	
Signa	ture	Date	Officia	ıl
Stamp	0			
MANA	AGER PERSONNEL/HUMANR	ESOURCES/REGIONALPERSO	ONNELOFFICER:	
l confi	irm that the above name disa	bonafide permanent employe	e of and the salary detail	s indicated above are correct.
FullNa	ame	Date		
Signa	ture	Stan	ıp	
1 Par	ticulars of property			
(i)		ce No.of the property to be m	ortaaged	
(ii)			• •	
(iii)	If leasehold, state date of is	ssue of the lease		
(iv)	Where are the titl edocume	nts?		
(v)		??		
(vi)	How much is the rental inc	ome, if any?		
2. If th	ne application is inrespect of	abuilding under construction	n	
(i)				
(ii)				
(iii)	Estimated cost of work dor	ne		
3. Val	uation and viewing requirem	ents		
(i)				
(ii)	Details of person selling pr	operty (purchase case)		

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Name	Address	Tel. No	
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Referee Details

Relative's Surname	Other Names	ID / PassportNumber
Relation to applicant	Postal Address	Office Tel
Mobile No.	Email	Occupation
Non-Relative's Surname	Other Names	ID / PassportNumber
Relation to applicant	Postal Address	OfficeTel
MobileNo.	Email	Occupation

Consent pursuant to Credit Reference Bureau (CRB) regulations

I / We hereby authorize the Bank to disclose and or obtain any information relating to my / our account (s) to and or from any credit reference bureau or any other institution or third party as it deems necessary. I / we declare we have not been adjudged bankrupt

I / we understand that you may in your sole discretion reject this application without having to provide any reasons.

Customer declaration and signatures

- 1. I / We authorize you to obtain any information you may require relating to this application from my /our employer (s), if any and from any other source to which you may apply, each source being here by authorized by me /us to provide youwith such information. I / We under take to notify the company immediately of any situation, which materially changes there presentation of this application.
- 2. I / We confirm that BPR BANK Rwanda has not offered any other advice regarding suitability of the property or mortgage and that I / We shall obtain independent legal advice with regard there to.

Signed	.Date
Signed	.Date
FOR OFFICIAL USE ONLY	
Branch:	.Date Received:
Name of Applicant:	Account No:

BRANCH:

I confirm that I have checked and verified that the application meets the minimum requirements for BPR BANK Rwanda as indicated in the checklist below:-

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Sales Representative No:

Minimum	Requirements			Yes / No
Th eapplication has been properly completed and no blank spaces have been left. In spaces where the information called for is not applicable, the applicant has clearly indicated 'N/A'.				
Total deductions (including repayment of the requested loan) will not exceed 40% of the applicant's total net incomes if the requested loan is granted/orgo against the terms of the specific scheme agreements				
Applicant's accounts have been well conducted (if maintained within the BPR Bank). The accounts are active (not dormant) and we have no thad to dishonor more than 2 cheques in the last 6 months for lack of adequate funds in the account.				
and pay sli of such inc	ips submitted, which I become(s).	nave perused and consider to b	agree with account statements (if any) e satisfactory documentary evidence	
	porting documents (e.g in the application form		submitted and I am able to verify all the	
The applic	ant is over 18 years of a	age (not under-age).		
	oan and overdraft facilind the Account(s) have		icant or associates have been well	
	oan and overdraft facilind the Account(s) have		icant or associates have been well	
Indicate cu	ırrent outstanding loan	balances below (If any)		
Loan Acc	count Number.	Outstanding Balance(s).	Repayment Amount.	
				7
ales persor		6.		
ıame		Signature	Date	
Branch Mana	ager /Advances Depart	ment		
lame		Signature	Date	
lead of Com	ments			
	ot processing the appli			
lame		Signature	Date	
				•••••
bpr	BANK			
lame of App	licant		Application No:	
hank you fo	r Banking with us. Your	application is receiving the ne	cessary attention. We shall revert to you	in 3 days,
lame of Ban	k Official:	Signed	Date	······································
n case you d	o not receive our feedb	ack within the above stated tim	ne please contact us on following addres	ses

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