



BANC ABC RETRENCHMENT PROPOSAL FORM:

PERSONAL LOAN

ORIGINAL COPY - Insurer | SECOND COPY - Broker | THIRD PARTY COPY - Bank | FOURTH COPY - Customer

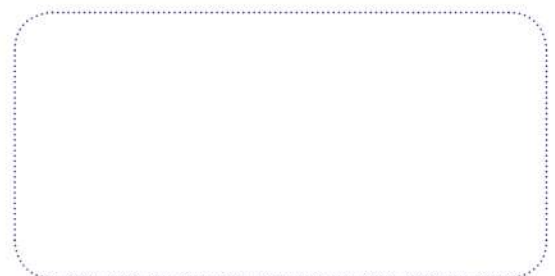
Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>	
Surname	First Name(s)
Date of Birth	Gender
ID/Passport Number	Nationality
Occupation	
Postal Address	
Physical Address	
Work No	Cell No
Employer	For how long have you been employed
Employment	Contract <input type="checkbox"/> Permanent <input type="checkbox"/>
Have you been retrenched before	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES; Please provide full details	
Has there been formal communication from your Employer on the Retrenchment process Yes <input type="checkbox"/> No <input type="checkbox"/>	
Loan Commencement date	Principal Date
Term loan (months)	Retrenchment premium

Waiting period: 6 (six) months from the transaction date of the loan

DECLARATION

I hereby declare that the details furnished above are true and correct for the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be liable for it.

Full Name
Customer Signature
Date
Bank Representative Name
Bank Representative Signature
Date



Bank Stamp