

LAPLACE BUSINESS SOLUTIONS LIMITED



*Convenient. Anytime.*

**KWIKFIN LOAN PRE-APPROVAL FORM**

**APPLICANT DETAILS**

SURNAME: \_\_\_\_\_

FIRSTNAME: \_\_\_\_\_

TITLE (MR/MRS/DR/MISS): \_\_\_\_\_

ORGANISATION (EMPLOYERS): \_\_\_\_\_

DESIGNATION (POSITION): \_\_\_\_\_

BRANCH: \_\_\_\_\_

EMPLOYEE NO: \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_

NRC NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

LOAN LIMIT AMOUNT: \_\_\_\_\_

LOAN PAYBACK DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE: PLEASE BRING THE FOLLOWING:**

- 2 ORIGINAL LATEST PAYSLIPS
- NATIONAL REGISTRATION CARD

**FOR AUTHORISED ADMIN USE ONLY**

**Employer's Guarantee Position:** We hereby confirm that the above named individual is employed by \_\_\_\_\_ . We would also like to guarantee your loan repayments on behalf of our employee as per agreed instalments' directly deducting from the employee's salary.

Tick ( ) where applicable

<b>PERMANENT</b>				
<b>CONTRACT</b>		<b>REMAINING OF PERIOD OF CONTRACT</b>	<b>YEARS</b>	<b>MONTHS</b>

**SIGNATORY DETAILS:**

NAME: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

**OFFICIAL  
STAMP**

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