



**INQB8 PROPERTY RENTALS**

PORTFOLIO MANAGEMENT (PTY) LTD

Ground Floor, Regent House, Farm 2, The Vineyard Office Estate, 99 Jip de Jager Drive, Bellville 7530

T: 021 914 9877 E: clients@inqb8.biz

FFC number: F150111

ENVISAGE NURTURE PROSPER

**RENTAL APPLICATION FORM**

UNIT/ERF No. & COMPLEX NAME	
OCCUPATION DATE	
RENTAL AMOUNT	
(CANDIDATE) PROPERTY PRACTITIONER	
CONTRACT PERIOD	

**DETAILS OF FIRST PERSON APPLYING TO RENT THE PREMISES ("FIRST APPLICANT")**

**PERSONAL INFORMATION:**

SURNAME		FULL NAMES	
IDENTITY NUMBER / PASSPORT NUMBER		NATIONALITY	
MARITAL STATUS			
IF MARRIED	<input type="checkbox"/> COMMUNITY OF PROPERTY	<input type="checkbox"/> ANC	<input type="checkbox"/> ACCRUAL SYSTEM
TELEPHONE NUMBER (WORK)		MOBILE NUMBER	
E-MAIL		MOTOR VEHICLE	YES NO
PHYSICAL ADDRESS			

**NEXT OF KIN:**

NAME		CONTACT NUMBER	
RELATIONSHIP			

**DETAILS OF EMPLOYMENT:**

EMPLOYERS NAME/COMPANY NAME			
EMPLOYER ADDRESS			
OCCUPATION		EMPLOYMENT START DATE	
TYPE	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> SELF-EMPLOYED
TELEPHONE NUMBER		E-MAIL	
GROSS MONTHLY SALARY		SALARY DATE	

**BANK ACCOUNT DETAILS:**

ACCOUNT NAME		NAME OF BANK	
BRANCH CODE		BRANCH NAME	
ACCOUNT NUMBER			
ACCOUNT TYPE	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> OTHER

**CURRENT LANDLORD/RESIDENTIAL INFORMATION & REFERENCE:**

ARE YOU THE OWNER OF THE PROPERTY WHERE YOU CURRENTLY RESIDE?	YES	NO
IF NO, PLEASE COMPLETE:		
RENTAL PAID		LEASE PERIOD ___/___/20___ TO ___/___/20___
PROPERTY PRACTITIONER / LANDLORD		CONTACT NUMBER
REASON FOR TERMINATION		

**REQUIRED DOCUMENTATION (\*CERTIFIED/STAMPED COPIES TO BE ATTACHED TO THIS APPLICATION FORM)**

CERTIFIED ID DOCUMENT/PASSPORT	<input type="checkbox"/>	VERIFIED SARS TAX NUMBER	<input type="checkbox"/>
IF PASSPORT, WORK PERMIT/VISA	<input type="checkbox"/>	CERTIFIED PROOF OF ADDRESS	<input type="checkbox"/>
STAMPED BANK STATEMENTS*	<input type="checkbox"/>	CERTIFIED PAYSLEIPS*	<input type="checkbox"/>
* 3 X (THREE) MONTHS/OR IF SELF-EMPLOYED/COMMISSION EARNING & OVERTIME INCOME, PLEASE PROVIDE 6 X (SIX) MONTHS			
MARRIAGE CERTIFICATE (IF IN COMMUNITY OF PROPERTY)	<input type="checkbox"/>		



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**DETAILS OF SECOND PERSON APPLYING TO RENT THE PREMISES ("SECOND APPLICANT")**

**PERSONAL INFORMATION:**

SURNAME		FULL NAMES	
IDENTITY NUMBER / PASSPORT NUMBER		NATIONALITY	
MARITAL STATUS			
IF MARRIED	<input type="checkbox"/> COMMUNITY OF PROPERTY	<input type="checkbox"/> ANC	<input type="checkbox"/> ACCRUAL SYSTEM
TELEPHONE NUMBER (WORK)		MOBILE NUMBER	
E-MAIL		MOTOR VEHICLE	YES NO
PHYSICAL ADDRESS			

**NEXT OF KIN:**

NAME		CONTACT NUMBER	
RELATIONSHIP			

**DETAILS OF EMPLOYMENT:**

EMPLOYERS NAME/COMPANY NAME			
EMPLOYER ADDRESS			
OCCUPATION		EMPLOYMENT START DATE	
TYPE	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> SELF-EMPLOYED
TELEPHONE NUMBER		E-MAIL	
GROSS MONTHLY SALARY		SALARY DATE	

**BANK ACCOUNT DETAILS:**

ACCOUNT NAME		NAME OF BANK	
BRANCH CODE		BRANCH NAME	
ACCOUNT NUMBER			
ACCOUNT TYPE	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> OTHER

**CURRENT LANDLORD/RESIDENTIAL INFORMATION & REFERENCE:**

ARE YOU THE OWNER OF THE PROPERTY WHERE YOU CURRENTLY RESIDE?	YES	NO
IF NO, PLEASE COMPLETE:		
RENTAL PAID	LEASE PERIOD	___/___/20___ TO ___/___/20___
PROPERTY PRACTITIONER / LANDLORD	CONTACT NUMBER	
REASON FOR TERMINATION		

**REQUIRED DOCUMENTATION (\*CERTIFIED/STAMPED COPIES TO BE ATTACHED TO THIS APPLICATION FORM)**

CERTIFIED ID DOCUMENT/PASSPORT	<input type="checkbox"/>	VERIFIED SARS TAX NUMBER	<input type="checkbox"/>
IF PASSPORT, WORK PERMIT/VISA	<input type="checkbox"/>	CERTIFIED PROOF OF ADDRESS	<input type="checkbox"/>
STAMPED BANK STATEMENTS*	<input type="checkbox"/>	CERTIFIED PAYSLEIPS*	<input type="checkbox"/>
* 3 X (THREE) MONTHS/OR IF SELF-EMPLOYED/COMMISSION EARNING & OVERTIME INCOME, PLEASE PROVIDE 6 X (SIX) MONTHS			
MARRIAGE CERTIFICATE (IF IN COMMUNITY OF PROPERTY)	<input type="checkbox"/>		

**ADDITIONAL DOCUMENTATION:**

IF EITHER OF THE APPLICANTS HAVE ANY JUDGEMENTS/DEFAULTS GRANTED AGAINST THEM - PLEASE SUBMIT FORMAL PAYMENT ARRANGEMENTS/SETTLEMENT LETTERS WITH THIS APPLICATION FORM.

IF EITHER APPLICANT IS CURRENTLY UNDER DEBT REVIEW PROCEEDINGS - PLEASE SUBMIT LATEST REMITTANCE ADVICE FROM DEBT COUNCILLOR.

