COMMUNICATIONS AND ALLIED INDUSTRIES PENSION FUND APPLICATION FOR A MORTGAGE LOAN ON FIXED PROPERTY

1. SURNAME				
FIRST NAME (S)				
SPOUSE'S FULL NAMES				
PRESENT RESIDENTIAL ADDR	ESS			
TELEPHONE NO(S)	(НО	(HOME/CELL)		
BUSINESS ADDRESS				
2. E.C. NUMBER	STATION	S	BU	
DATE OF BIRTH		PRESENT POST		
PRESENT SALARY SCALE		DATE OF APPOINTMENT		
ALLOWANCES		SPOUSE INCOME PER MONTH		
EMPLOYER OF SPOUSE				
ANY OTHER PERMANENT INC	OME (SPECIFY)			
PRESENT PENSION CONTRIBUTIONS			PER MONTH	
HAVE YOU OR YOUR SPOUSE	EVER BEEN DECLARED I	NSOLVENT OR ASSIGNED YO	UR ESTATE?	
IF YES GIVE DETAILS				
DO YOU OR YOUR SPOUSE O	NN AN IMMOVABLE PR	OPERTY?		
ARE YOU AT PRESENT NEGOT	IATING TO SELL THIS PR	OPERTY?		
NUMBER OF DEPENDANTS (II	NCLUDING SPOUSE)			
3. AMOUNT APPLIED FOR				
4. FOR WHAT PURPOSE IS TH	IIS LOAN REQUIRED?			
GIVE DETAILS OF THE PROPER	RTY YOU WISH TO BUY/	IMPROVE		

STAND NO	TOWNSHIP
ADDRESS	
HAVE YOU AN EXISTING MORTGAGE ON THIS P	ROPERTY?

IF YES STATE THE FINANCIAL INSTITUTION THAT HOLDS THE BOND_____

5. DO YOU WISH THE TRUSTEES TO ARRANGE THAT IN THE EVENT OF YOUR DEATH YOUR LIABILITY IS WHOLLY OR PARTIALLY COVERED BY A LIFE ASSURANCE POLICY_____

6. DETAILS REGARDING AN EXISTING HOUSE PURCHASE PRICE /VALUE EXCLUDING FEES \$_____ (a) (b) OWNER'S NAME AND ADDRESS_____ (c) OWNER'S TELEPHONE NUMBER______ NAME AND ADDRESS OF ESTATE AGENT (IF ANY) (d) ESTATE AGENT REPRESENTATIVE (IF ANY) ______ (e) TELEPHONE NUMBER______ (f) DATE OF PURCHASE IF APPLICABLE______ (g) NATURE AND COST OF IMPROVEMENTS SINCE PURCHASE (h)

(i) NAME OF ATTORNEY PASSING TRANSFER_____

PLEASE ATTACH ONE ORIGINAL PLUS TWO COPIES OF THE AGREEMENT OF PURCHASE

7. IN THE EVENT OF A LOAN BEING GRANTED

- I/We acknowledge that I/we will be bound by the Rules of the Fund's mortgage loan scheme and the conditions contained in the Fund's Standard Mortgage Bond Form. (The Fund's Rules, Standard Mortgage Form and Minimum Specifications are available for your inspection).
- ii. I/We undertake to pay the costs of the Mortgage Bond and any other security required by the Fund.
- iii. I/We authorize the Fund to effect any Insurance of the buildings which shall be required through the Fund's Insurance Brokers MARSH, at my/our expense.
- iv. I/We authorize the Fund to pay out of the proceeds of the loan any outstanding rates or loans due by me/us which present charges against the property.
- v. I/We undertake to pay the Fund the valuation fees at the scale at present in force. I/We understand that the relative valuation is made for the information of the Fund only.
- vi. I/We acknowledge that the Fund shall have the right to withdraw from this loan if, in its opinion, the Registration of the Mortgage is unduly delayed, or if any information given by me/us in connection with this application is found to be false.
- 8. I declare that to the best of my knowledge and belief, the particulars set out in this application are true and that no information which might affect the decision of the Trustees of the Fund has been withheld.

I acknowledge that the Trustees of the Fund do not in any way warrant that the cost of the property (including any existing or proposed amendments thereon) is reasonable or that such property is or will be free from defect.

Signature of Applicant

E.C. Number

Witness

Date

PAYMENT OF FEES OF VALUATION FOR HOUSING LOAN

- I having made an application to the Trustees of CAI Pension Fund, (hereinafter referred to as the Fund), for a housing loan to buy/improve a house, understand that I will be required to meet the costs of a valuation of the said house.
- 2. I understand and agree that, the said valuation will be carried out by the Valuator appointed by the Fund.
- 3. I hereby warrant and undertake that upon presentation of the account of the costs of the said valuation, I will pay the amount demanded immediately.
- 4. I understand that I will be required to meet the costs of the said valuation in the event that a housing loan is not granted for the purchase of a house.

Signed at	on the	day of	
Signature of Applicant		<i>Witness</i>	
Name and Address of Witness			

Applicant's Staff Number