



HBZ BANK LIMITED

Reg no 1995/006163/06

Client Financial Information

Contents:

Statement of Assets and Liabilities

Schedule of Monthly Income and Expenditure

Client Name: _____

Account Number: _____

Date: _____

Assets of _____ as at _____

Fixed Property					Market Value
Suburb	Stand No	Type of Dwelling	Date Purchased	Cost	
				R	R
				R	R
				R	R
Movable Assets (e.g. Motor Vehicles, Furniture etc)					
					R
					R
					R
					R
Investments / Shares etc					
Type of investment / share etc			Where held		
					R
					R
					R
					R
Bank Balances					
Type e.g. savings, fixed deposits, current accounts			Financial Institution		
					R
					R
					R
					R
Life / Endowment / Retirement Annuities etc					Surrender Value
Name of Company	Cover detail e.g. RA	Policy Amount	Maturity Date		
					R
					R
					R
					R
TOTAL ASSETS					(A)
					R

Initial: _____

Liabilities of _____ as at _____

Fixed Property				Outstanding Balance
Suburb	Stand No	Bondholder/Seller	Monthly Repayments	
			R	R
			R	R
			R	R
Instalment Sales / HP / Leases				
Finance Co	Type of Asset	Final Repayment Date	Monthly Repayments	
			R	R
			R	R
			R	R
Overdrafts / Loans / Accounts / Credit Card Accounts (state whether overdue)				
Type of facility	Institution	Credit Facility	Monthly Repayments	
			R	R
			R	R
			R	R
			R	R
Accounts Payable (specify)				
				R
				R
Contingent Liabilities (guarantees, suretyships, notarial bonds - state Beneficiary and Institution)				
				R
				R
TOTAL LIABILITIES			(B)	R
SURPLUS			(A) - (B)	R

Initial: _____



Schedule of Monthly Income & Expenditure of _____ at _____

Income

Net Salary - Self		
Net Salary - Spouse		
Commissions		
Investment Income		
Other Income (list separately)		
Total Income	(A)	R

Expenditure

Rent/Bond		
HP / Loan / Lease Agreements		
Credit Cards Repayments		
Instalments to Furniture Retailers		
Insurance Premiums (Life, vehicle & house)		
Transport / Petrol		
Clothing		
Education (School & University fees)		
Donations		
Alimony / Family Maintenance		
Electricity & Water		
Rates & Taxes		
Groceries		
Telephone / Cell phone		
Medical / Chemist		
Repairs & maintenance (vehicle / house)		
Domestic Staff		
Security		
TV/ M Net etc		
Entertainment		
Total Expenditure	(B)	R
Surplus	(A) - (B)	R

I/We declare that this is a full, true and correct statement of my/our position and that my/our Assets are not encumbered other than as stated above.

Dated at: _____ on _____ Signature: _____