

APPLICATION FORM

FOR INTERNAL USE ONLY

Consultant	<input type="text"/>	Internal Branch	<input type="text"/>
Lead Individual	<input type="text"/>	Lead Branch	<input type="text"/>
Administrator	<input type="text"/>	Internal Ref. No.	<input type="text"/>
Transfer Attorney (Tel no. if applicable)	<input type="text"/>	Bond Attorney (Tel no. if applicable)	<input type="text"/>
Bank of Submission	<input type="checkbox"/> ABSA <input type="checkbox"/> FNB <input type="checkbox"/> Nedbank <input type="checkbox"/> Standard Bank	Other	<input type="text"/>
		Application Received Date	<input type="text"/> C <input type="text"/> C <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D

APPLICATION DETAILS

Application Type	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint & Several	<input type="checkbox"/> Company	<input type="checkbox"/> Trust	<input type="checkbox"/> Corporate Bodies	<input type="checkbox"/> Closed Corporation
Loan Type	<input type="checkbox"/> Ordinary	<input type="checkbox"/> Building	<input type="checkbox"/> Switch	<input type="checkbox"/> Further Advance	<input type="checkbox"/> Re-Advance	<input type="checkbox"/> Development

COMPANY DETAILS - Complete when application type is Company / CC / Trust / Corporate Body

Company Name	<input type="text"/>	Primary Business	<input type="text"/>
Company Physical Address	<input type="text"/>		
Suburb	<input type="text"/>	City	<input type="text"/>
Province	<input type="text"/>	Country	<input type="text"/>
Company Postal Address (If different to Physical)	<input type="text"/>		
Suburb	<input type="text"/>	City	<input type="text"/>
Province	<input type="text"/>	Country	<input type="text"/>
Registration No.	<input type="text"/>	VAT Reg. No.	<input type="text"/>
Company Tel. No.	<input type="text"/> <input type="text"/> <input type="text"/>	Company Fax No.	<input type="text"/> <input type="text"/> <input type="text"/>
Financial Year End (Month)	<input type="text"/>		

Company Income (only if Co. / CC / Trust)	Amount
Monthly Cash Flow	<input type="text"/>
Monthly Net Profit	<input type="text"/>
Monthly Disposable Cash	<input type="text"/>

APPLICATION FORM

PERSONAL DETAILS - Main Applicant

Surname	<input type="text"/>	First Name(s)	<input type="text"/>
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Rev.	Ethnic Group	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> White
Type of ID	<input type="checkbox"/> SA ID <input type="checkbox"/> Passport <input type="checkbox"/> Other	No. of Dependants	<input type="text"/> No. in Household <input type="text"/>
ID No. / Passport No.	<input type="text"/>	SA Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport Date of Issue	<input type="text"/>	Permanent SA Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport Date of Expiry	<input type="text"/>	Permit No.	<input type="text"/>
Passport Country	<input type="text"/>	Permit Date of Issue	<input type="text"/>
Country of Residence	<input type="text"/>	Permit Date of Expiry	<input type="text"/>
Date of Birth	<input type="text"/>	Nationality	<input type="text"/>
Correspondence Language	<input type="checkbox"/> English <input type="checkbox"/> Afrikaans	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Highest Qualification	<input type="checkbox"/> School Leaver <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	Home Language	<input type="text"/>
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	Marital Contract	<input type="checkbox"/> ANC (with) <input type="checkbox"/> ANC (without) <input type="checkbox"/> COP
Income Tax No.	<input type="text"/>	Is Spouse a Co-applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse Surname	<input type="text"/>	Spouse First Name(s)	<input type="text"/>

CONTACT DETAILS - Main Applicant

Home Tel. No.	<input type="text"/>	Cellphone No.	<input type="text"/>
Work Tel. No.	<input type="text"/>	Ext.	<input type="text"/>
Email Address	<input type="text"/>		
Physical Address	<input type="text"/>		
Suburb	<input type="text"/>	City	<input type="text"/>
Province	<input type="text"/>	Country	<input type="text"/>
Postal Address (If different to Physical)	<input type="text"/>		
Suburb	<input type="text"/>	City	<input type="text"/>
Province	<input type="text"/>	Country	<input type="text"/>
Residential Status	<input type="checkbox"/> Border <input type="checkbox"/> Living with Parents <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	Period of Occupation (Years)	<input type="text"/>
Preferred Method of Contact	<input type="checkbox"/> SMS <input type="checkbox"/> Email <input type="checkbox"/> Post		

EMPLOYMENT DETAILS - Main Applicant

Occupational Status	<input type="checkbox"/> Contract Worker <input type="checkbox"/> Full-time Employee <input type="checkbox"/> Home Executive <input type="checkbox"/> Part-time Employee <input type="checkbox"/> Retired / Pensioner <input type="checkbox"/> Self-employed (Non-professional) <input type="checkbox"/> Self-employed (Professional)	Self-employed Since	<input type="text"/>
	<input type="checkbox"/> Student / Scholar <input type="checkbox"/> Temp Employed <input type="checkbox"/> Unemployed		
Employer Name	<input type="text"/>	Nature of Business (if self employed)	<input type="text"/>
Employer Address	<input type="text"/>		
Suburb	<input type="text"/>	City	<input type="text"/>
Province	<input type="text"/>	Country	<input type="text"/>
Employer Tel. No.	<input type="text"/>	Staff Ref. No.	<input type="text"/>
Start Date	<input type="text"/>	Occupation	<input type="text"/>
How long has your employer been operating? (Years)	<input type="text"/>		
Occupational Level	<input type="checkbox"/> Unskilled Worker <input type="checkbox"/> Semi-skilled Worker <input type="checkbox"/> Skilled Worker <input type="checkbox"/> Junior Position <input type="checkbox"/> Supervisor <input type="checkbox"/> Management <input type="checkbox"/> Senior Management		

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EMPLOYMENT DETAILS - Main Applicant

Employment Sector Agriculture Armed Forces Catering & Entertainment Civil Service Communication Construction Education
 Finance Health Industrial I.T. Legal Profession Media Nature Reserves
 Sales & Marketing Science Security Transportation Welfare

Other

Source of Income Donation / Gift Inheritance Investments Pension Policy Retirement Annuity Salary

Other

Salary Frequency Daily Weekly Bi-weekly Monthly Other

PLEASE NOTE: Only fill in previous employer details if you have been with your current employer for less than three years.

Previous Employer Name Period Employed

Previous Employer Address

Suburb City Postal Code

Province Country

Date Joined Previous Employer C C Y Y M M D D

SOLVENCY - Main

Have you ever been declared insolvent? Yes No Date of Insolvency C C Y Y M M D D

Have you been rehabilitated? Yes No Date of Rehabilitation C C Y Y M M D D

Have you ever had a dispute with the Credit Bureau? Yes No Have you ever had a judgement? Yes No

Have you been under an administration order? (Garnishing Order) Yes No Are you currently under an administration order? (Garnishing Order) Yes No

Are you currently under a debt review / in debt counseling? Yes No Do you currently have a debt payment arrangement in place? Yes No

Name of Debt Counsellor (if applicable) Debt Counsellor Tel. No.

MONTHLY INCOME AND EXPENSES - Main Applicant

Salary & Commission Income	Amount
Basic Salary / Cost to Company	
Housing Allowance	
Car Allowance	
Cellphone Allowance	
Entertainment Allowance	
Commission	
Overtime	
Other (Specify)	
Total Gross Salary	

Other Monthly Income	Amount
Income from Rental Income	
Income from Investments & Dividends	
Other (Specify)	
Total Income	

Salary Deductions	Amount
U.J.F	
Income Tax	
Pension	
Medical Aid	
Other (Specify)	
Total Deductions	

Other Monthly Expenses	Amount
Staff Loans	
Bond(s) / Rent (Exist) excluding settling loans	
Asset Finance (Vehicles, Boats, etc.)	
Levy, Rates & Taxes, Water & Lights	
Transport Costs (Petrol etc.)	
Insurance (Life, Vehicle, Household)	
Groceries & Clothing	
Store Cards, Credit Card Payments	
Domestic Helper & Garden Services	
Education	
Entertainment	
Telephone & Cellphone	
Personal Loan	
Household Security	
Overdraft Payments	
Other (Specify)	
Total Expenses	

Total Income - Total Expenses = Surplus / Shortage

ASSET DETAILS - Main Applicant

FIXED PROPERTY				
Erf No.	District / Suburb	Purchase Date	Purchase Amount	Present Value

VEHICLES				
Make & Model	Year	Purchase Date	Purchase Amount	Present Value

LIFE ASSURANCE					
Institution	Number	Maturity Date	Ceded To	Amount	Surrender Value

INVESTMENTS	
Company	Present Value

BANK DETAILS					
Institution	Branch	Account Type	Account Holder	Account Number	Balance

FURNITURE, FITTINGS & OTHER	
Description	Present Value

TOTAL ASSETS	
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LIABILITIES - Main Applicant

BONDS						
Erf No.	District / Suburb	Institution	Account No.	Monthly	Settle (Y / N)	Amount Owning

FACILITIES WITH FINANCIAL INSTITUTIONS	
Institution	Amount Owning

RETAIL ACCOUNTS / STORE CARDS / CREDIT CARDS			
Institution	Accoun No.	Credit Limit	Amount Owning

OWING UNDER VEHICLE FINANCE				
Make & Model	Institution	Purchase Date	Present Value	Amount Owning

TOTAL LIABILITIES	
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Total Assets - Total Liabilities = Net Asset Value

APPLICATION FORM

PERSONAL DETAILS - Co-applicant

Type of Co-applicant Spouse Surety Co-applicant

Surname First Name(s)

Title Mr. Mrs. Miss Ms.
 Dr. Prof. Rev.

Ethnic Group Asian Black Coloured White

No. of Dependants No. in Household

Type of ID SA ID Passport Other

SA Citizen? Yes No

ID No. / Passport No.

Permanent SA Resident? Yes No

Passport Date of Issue

Permit No.

Passport Date of Expiry

Permit Date of Issue

Passport Country

Permit Date of Expiry

Country of Residence

Nationality

Date of Birth

Gender Male Female

Correspondence Language English Afrikaans

Home Language

Highest Qualification School Leaver Diploma Degree Masters Doctorate

Marital Status Single Married Divorced Separated

Marital Contract ANC (with) ANC (without) COP

Income Tax No.

Is Spouse a Co-applicant? Yes No

Spouse Surname

Spouse First Name(s)

CONTACT DETAILS - Co-applicant

Home Tel. No. Cellphone No.

Work Tel. No. Ext. Fax No.

Email Address

Physical Address

Suburb City Postal Code

Province Country

Postal Address (If different to Physical)

Suburb City Postal Code

Province Country

Residential Status Border Living with Parents Owner Tenant

Period of Occupation (Years)

Preferred Method of Contact SMS Email Post

EMPLOYMENT DETAILS - Co-applicant

Occupational Status Contract Worker Full-time Employee Home Executive Part-time Employee Retired / Pensioner Self-employed (Non-professional) Self-employed (Professional)

Student / Scholar Temp Employed Unemployed

Self-employed Since

Employer Name Nature of Business (if self employed)

Employer Address

Suburb City Postal Code

Province Country

Employer Tel. No. Staff Ref. No.

Start Date

How long has your employer been operating? (Years)

Occupational Level Unskilled Worker Semi-skilled Worker Skilled Worker Junior Position Supervisor Management Senior Management

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EMPLOYMENT DETAILS - Co-applicant

Employment Sector Agriculture Armed Forces Catering & Entertainment Civil Service Communication Construction Education
 Finance Health Industrial I.T. Legal Profession Media Nature Reserves
 Sales & Marketing Science Security Transportation Welfare

Other

Source of Income Donation / Gift Inheritance Investments Pension Policy Retirement Annuity Salary

Other

Salary Frequency Daily Weekly Bi-weekly Monthly Other

Other

PLEASE NOTE: Only fill in previous employer details if you have been with your current employer for less than three years.

Previous Employer Name Period Employed

Previous Employer Address

Suburb City Postal Code

Province Country

Date Joined Previous Employer C C Y Y M M D D

SOLVENCY - Co-applicant

Have you ever been declared insolvent? Yes No

Date of Insolvency C C Y Y M M D D

Have you been rehabilitated? Yes No

Date of Rehabilitation C C Y Y M M D D

Have you ever had a dispute with the Credit Bureau? Yes No

Have you ever had a judgement? Yes No

Have you been under an administration order? (Garnishing Order) Yes No

Are you currently under an administration order? (Garnishing Order) Yes No

Are you currently under a debt review / in debt counseling? Yes No

Do you currently have a debt payment arrangement in place? Yes No

Name of Debt Counsellor (if applicable)

Debt Counsellor Tel. No.

MONTHLY INCOME AND EXPENSES - Co-applicant

Salary & Commission Income	Amount
Basic Salary / Cost to Company	
Housing Allowance	
Car Allowance	
Cellphone Allowance	
Entertainment Allowance	
Commission	
Overtime	
Other (Specify)	
Total Gross Salary	

Other Monthly Income	Amount
Income from Rental Income	
Income from Investments & Dividends	
Other (Specify)	
Total Income	

Salary Deductions	Amount
U.I.F	
Income Tax	
Pension	
Medical Aid	
Other (Specify)	
Total Deductions	

Other Monthly Expenses	Amount
Staff Loans	
Bond(s) / Rent (Exist) excluding settling loans	
Asset Finance (Vehicles, Boats, etc.)	
Levy, Rates & Taxes, Water & Lights	
Transport Costs (Petrol etc.)	
Insurance (Life, Vehicle, Household)	
Groceries & Clothing	
Store Cards, Credit Card Payments	
Domestic Helper & Garden Services	
Education	
Entertainment	
Telephone & Cellphone	
Personal Loan	
Household Security	
Overdraft Payments	
Other (Specify)	
Total Expenses	

Total Income - Total Expenses = Surplus / Shortage

ASSET DETAILS - Co-applicant

FIXED PROPERTY				
Erf No.	District / Suburb	Purchase Date	Purchase Amount	Present Value

VEHICLES				
Make & Model	Year	Purchase Date	Purchase Amount	Present Value

LIFE ASSURANCE					
Institution	Number	Maturity Date	Ceded To	Amount	Surrender Value

INVESTMENTS	
Company	Present Value

BANK DETAILS					
Institution	Branch	Account Type	Account Holder	Account Number	Balance

FURNITURE, FITTINGS & OTHER	
Description	Present Value

TOTAL ASSETS	
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LIABILITIES - Co-applicant

BONDS						
Erf No.	District / Suburb	Institution	Account No.	Monthly	Settle (Y / N)	Amount Owning

FACILITIES WITH FINANCIAL INSTITUTIONS	
Institution	Amount Owning

RETAIL ACCOUNTS / STORE CARDS / CREDIT CARDS			
Institution	Accoun No.	Credit Limit	Amount Owning

OWING UNDER VEHICLE FINANCE				
Make & Model	Institution	Purchase Date	Present Value	Amount Owning

TOTAL LIABILITIES	
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Total Assets - Total Liabilities = Net Asset Value

APPLICATION FORM

LOAN DETAILS

Bond Registered in the Name of	<input type="text"/>						
Purpose of Loan	<input type="checkbox"/> Vacant Land	<input type="checkbox"/> Building New	<input type="checkbox"/> Further Loan Building Improvement	<input type="checkbox"/> Further Loan Ordinary	<input type="checkbox"/> Buying Existing		
First Purchase?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Property to be Occupied by	<input type="checkbox"/> Self	<input type="checkbox"/> Tenant(s)		
Purchase Date	<input type="text" value="C C Y Y M M D D"/>				Purchase Amount	<input type="text"/>	
Offer to Purchase Expiry Date	<input type="text" value="C C Y Y M M D D"/>				Cost Included with Bond?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Initiation Fee Payment	<input type="checkbox"/> Add to Principal Debts	<input type="checkbox"/> Client Payment	<input type="checkbox"/> From the Proceeds of a Loan	<input type="checkbox"/> Waiver (Bank Waivers Fee)			
Bond Costs	<input type="text"/>				Transfer Costs	<input type="text"/>	
Loan Amount/ Extension Amount	<input type="text"/>				Registration Amount	<input type="text"/>	
Rate Type	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable	<input type="checkbox"/> Linked to Bank Accept. Rate			Interest Period (If fixed Rate)	<input type="text"/>
Term of Loan (Years)	<input type="text"/>				Instalment Method	<input type="checkbox"/> Debit Order <input type="checkbox"/> Salary Stop Order	
Deposit Amount	<input type="text"/>				Source of Deposit	<input type="text"/>	
Complete if instalment is by debit order							
Institution	<input type="text"/>				Branch	<input type="text"/>	
Account Holder	<input type="text"/>				Account Type	<input type="text"/>	
Account No.	<input type="text"/>						

SECURITY DETAILS

Are you Offering Additional Security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will Your Employer Provide a Guarantee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Type of Security	<input type="checkbox"/> Surety	<input type="checkbox"/> Cession of Investment	<input type="checkbox"/> Cession of Life Policy	<input type="checkbox"/> Collateral Deposit	<input type="checkbox"/> Continuous Covering Mortgage Bond	<input type="checkbox"/> Government Guarantee
Amount of Security	<input type="text"/>					
			Housing Scheme	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

BUILDER DETAILS - Complete when type of loan is building loan or new development

Developer Name	<input type="text"/>	New Development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contractor Name	<input type="text"/>	Contractor Tel. No.	<input type="text"/>	
Contract Amount	<input type="text"/>	Has the land been paid for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Expected Date of Completion	<input type="text" value="C C Y Y M M D D"/>			

LIFE INSURANCE DETAILS

Do you have sufficient life cover to cover the value of this home loan? Yes No

PROPERTY & SELLER'S DETAILS

Surname	<input type="text"/>	First Name	<input type="text"/>
ID No. / Co. Reg. No.	<input type="text"/>	Seller Date of Birth	<input type="text" value="C C Y Y M M D D"/>
Seller Tel. No.	<input type="text"/>	<input type="text"/>	
Is the property currently bonded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bondholder Institution	<input type="text"/>
Bond Account No.	<input type="text"/>	Branch	<input type="text"/>
Type of Property	<input type="checkbox"/> Cluster	<input type="checkbox"/> Duet Sectional Title	<input type="checkbox"/> Duet Full Title
Dwelling Purpose	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Holiday Home	<input type="checkbox"/> Rented Out
Erf No.	<input type="text"/>	Portion No. (If applicable)	<input type="text"/>
Portion Details (If applicable)	<input type="text"/>		
Street No	<input type="text"/>	Street Name	<input type="text"/>
Suburb	<input type="text"/>	City	<input type="text"/>
Province	<input type="text"/>	Postal Code	<input type="text"/>
Area of Land (m ²)	<input type="text"/>	Building Size (m ²)	<input type="text"/>

APPLICATION FORM

PROPERTY & SELLER'S DETAILS (continued...)

No. of Outbuildings

Type of Roof Asbestos Concrete Thatch Tiles Wood Iron

Type of Walls Brick Concrete Non-brick Partitioning Stone

Size of Lapa (m²) Dist. of Lapa from House (m) Property Rights Freehold Leasehold

Who to contact to arrange valuation?

Surname First Name

Tel. No. +27 Alternate Tel. No. +27

SECTIONAL TITLE DETAILS - Complete when Type of Property is Cluster or Sectional Title

New Complex? Yes No Name of Complex

Complex No. Unit No. (Plans) Section No. (Plans)

Parking Bay No.(s) Garage Bay No.(s) Managing Agent Tel. No.

Managing Agent Details

DECLARATION

I warrant that all the information I supplied is to the best of my knowledge and belief true and correct in all material respects. I am not aware of any other information which, should it become known to the Bank, would affect the consideration of my application in any way.

I hereby appoint the Originator as my sole agent to obtain mortgage loan finance for this property on my behalf.

I agree that the Bank can provide any information pertaining to the Loan applied for, sharing positive and negative information to the Originator during the application process.

I hereby authorise the Bank to have access to my credit bureau records, and to furnish or to disclose any information arising from any agreement entered into with the Bank to any such credit bureaus.

I hereby authorise the Originator to supply my details to their exclusive business partners to enable them to provide me with tailored quotes for products to suit my circumstances. My details will not be shared with any other parties.

Main Applicant Name	Main Applicant Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Co-applicant Name	Co-applicant Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICATION FORM

BANK SPECIFIC DETAILS

ABSA

Preferred ABSA Branch Processing Region

I hereby authorise Telkom to supply ABSA with updated Contact Details Yes No Repayment Day

Terms of fixed rate

If you want to make use of the Multiplan Facility Structure, how many Multiplan Accounts would you like to apply for? None One Two

MULTIPLAN 1:

MultiPlan Purpose MultiPlan Negotiate Fixed Rate %

MultiPlan Loan Amount MultiPlan Loan Term (in months)

MultiPlan Fixed Rate Term

MULTIPLAN 2:

MultiPlan Purpose MultiPlan Negotiate Fixed Rate %

MultiPlan Loan Amount MultiPlan Loan Term (in months)

MultiPlan Fixed Rate Term

Flexi Reserve Options Advance Payment Option Outstanding Balance Over Original Term Outstanding Balance Over Remaining Term Term of Loan Set / Fixed Amount Over Full Term

If Architect involved, specify name

Architect Tel. No. Architect Cell No.

FNB

Type of Bond Previous Mortgage Period (If Bond Type is not First Bond)

Type of Offer Deed of Sale Offer to Purchase Other Type of Street

For Future Choice, please provide principal amount For Future Choice, please provide registration amount

Flexi Bond Product Yes No

FNB ONE ACCOUNT:

To Convert your cheque account into an FNB One Account, specify cheque account no.

To Convert your ILP account into an FNB One Account, specify ILP account no.

NEDBANK

Preferred Nedbank / Old Mutual branch (Name) Processing Region

Where should your statement be sent to? Future Postal Residential Would you like to take the Payment Holiday Option? Yes No

HOC Monthly Yearly Insurance Of Property Yes No

Insurance Property Option Bank to Arrange Ceded Group Scheme Not Applicable Sectional Title

Insurance Cover Reason Insurance Company

Insurance Policy Number Life Assurance Cede Policy LPA Waived

Life Assurance LPA Type Death Death & Disabilities Cover Amount?

Institution If Cede for new policy , provide ceded policy number

STANDARD BANK

Processing Branch Bank Product

To apply for Jumpstart Option, specify option Home Loan Protection Plan

Is this an Existing Standard Bank Bond? Yes No Existing Std Bank Bond Account Number