

PROPERTY LOAN

Application Form

PERSONAL DATA

MAIN APPLICANT			JOINT APPLICANT		
Full name as in NRIC/Passport <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Dr (underline surname)			Full name as in NRIC/Passport <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Dr (underline surname)		
NRIC/Passport No.	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	NRIC/Passport No.	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> SPR <input type="checkbox"/> Others _____			Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> SPR <input type="checkbox"/> Others _____		
Country of Residence <input type="checkbox"/> Singaporean <input type="checkbox"/> Others _____			Country of Residence <input type="checkbox"/> Singaporean <input type="checkbox"/> Others _____		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Others _____			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Others _____		
No. of Dependents(s)	Race		No. of Dependents(s)	Race	
Highest Qualifications Attained <input type="checkbox"/> University/Post Grad <input type="checkbox"/> Diploma <input type="checkbox"/> A Level <input type="checkbox"/> O Level <input type="checkbox"/> Others _____			Highest Qualifications Attained <input type="checkbox"/> University/Post Grad <input type="checkbox"/> Diploma <input type="checkbox"/> A Level <input type="checkbox"/> O Level <input type="checkbox"/> Others _____		
Relationship to Joint Applicant:			Relationship to Main Applicant:		
Contact No. (HP)	(O)	(H)	Contact No. (HP)	(O)	(H)
Email Address			Email Address		
Home Address			Home Address		
Residence <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Parents or Relative's <input type="checkbox"/> Rented S\$ _____ pm <input type="checkbox"/> Others _____			Residence <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Parents or Relative's <input type="checkbox"/> Rented S\$ _____ pm <input type="checkbox"/> Others _____		

Correspondence Address (if different from above)

EMPLOYMENT DATA

<input type="checkbox"/> Employee <input type="checkbox"/> Self-Employed <input type="checkbox"/> Sales / Commission Earner <input type="checkbox"/> Others		<input type="checkbox"/> Employee <input type="checkbox"/> Self-Employed <input type="checkbox"/> Sales / Commission Earner <input type="checkbox"/> Others	
Name of Employer/Business		Name of Employer/Business	
Type of Industry	Length of Service ____ Yr(s) / ____ Mth(s)	Type of Industry	Length of Service ____ Yr(s) / ____ Mth(s)
Job Designation		Job Designation	
Annual Gross Income S\$		Annual Gross Income S\$	
Others Source of Income and Amount S\$		Others Source of Income and Amount S\$	
Name of Previous Employer/Business (if less than 3 years with current employer)		Name of Previous Employer/Business (if less than 3 years with current employer)	
Length of Service with Previous Employer ____ Yr(s) / ____ Mth(s)		Length of Service with Previous Employer ____ Yr(s) / ____ Mth(s)	
Job Description with Previous Employer:- Type of Industry		Job Description with Previous Employer:- Type of Industry	

COMBINED FINANCIAL COMMITMENTS

RELATIONSHIP WITH OTHER BANKS / FINANCIAL INSTITUTIONS

Financial Institution / Bank	Type of Facility*	Security (if any)	Amount Owning	Monthly Repayment (S\$)	
				Cash	CPF

*Housing Loan / Personal Loan / Car Loan / Study Loan / Reno Loan

PROPERTY TO BE PURCHASED / REFINANCED

Property Address (Pls include Project Name, if any): Property Type HDB <input type="checkbox"/> 3-Room <input type="checkbox"/> 4-Room <input type="checkbox"/> 5-Room <input type="checkbox"/> Executive Apartment / Mansionette <input type="checkbox"/> Others Private Residential <input type="checkbox"/> Bungalow <input type="checkbox"/> Semi-D <input type="checkbox"/> Intermediate / Corner Terrace <input type="checkbox"/> For Landed Property, No. of Storey _____ <input type="checkbox"/> Executive Condominium <input type="checkbox"/> Apartment <input type="checkbox"/> HUDC <input type="checkbox"/> Others Commercial <input type="checkbox"/> HDB Shop House <input type="checkbox"/> HDB Shop Unit <input type="checkbox"/> Office Unit <input type="checkbox"/> Non-Conservation Shophouse <input type="checkbox"/> Conservation Shophouse <input type="checkbox"/> Coffeeshop <input type="checkbox"/> Clinic / Medical Centre <input type="checkbox"/> Retail Shop Unit <input type="checkbox"/> Others	Land Area (if any) _____ sf/sm* Build-in Area _____ sq ft/sqm Tenure <input type="checkbox"/> *Freehold/Leasehold 999 yrs wef _____ <input type="checkbox"/> Leasing 99 yrs wef _____ <input type="checkbox"/> Others: Leasehold _____ yrs wef _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Purchase Price</td> <td style="width: 25%;">S\$</td> <td style="width: 25%;">Date of Purchase</td> <td style="width: 25%;"></td> </tr> <tr> <td>Indicative Valuation</td> <td>S\$</td> <td>Valuation Date</td> <td></td> </tr> </table> Valuation Firm / Name of Valuer: Purpose <input type="checkbox"/> Owner Occupation <input type="checkbox"/> Investment (Vacant) <input type="checkbox"/> Investment (expected rental income: S\$ _____ pm) Property <input type="checkbox"/> Completed (Year built: _____) Status <input type="checkbox"/> Under Construction (expected TOP date: _____) <input type="checkbox"/> Deferred payment <input type="checkbox"/> Progressive payment	Purchase Price	S\$	Date of Purchase		Indicative Valuation	S\$	Valuation Date	
Purchase Price	S\$	Date of Purchase							
Indicative Valuation	S\$	Valuation Date							
Name(s) of Property's Registered Owner(s) 1. _____ 2. _____ 3. _____ 4. _____		NRIC / Passport No. (Pls include IC / Passport copies if different from applicants IC)							

FINANCING REQUIREMENT - Select either [(i) or (ii)] AND (iii)

(i) NEW PURCHASE	(ii) REFINANCING
Initial Cash Upfront	Existing Bank / Financial Institution
Bridging Loan+ (Cash repayment only) mths S\$	Housing Loan Outstanding yrs S\$
Bridging Loan+ (CPF repayment - max 10%) mths S\$	Undisbursed Housing Loan Amount S\$
Housing Grant (for HDB/Executive Condo only) S\$	Term Loan Outstanding yrs S\$
CPF for Lump Sum Payment S\$	Overdraft S\$
Short Term Loan (Cash repayment only) mths S\$	Total with Existing Bank S\$
Short Term Loan (CPF repayment only) mths S\$	CPF Withdrawn to-date S\$
Housing Loan yrs S\$	Additional Term Loan yrs S\$
Overdraft (As part of purchase price) S\$	Additional Overdraft S\$
Total Purchase Price (net of discount) S\$	*Note: Max loan tenor for Bridging Loan is 6 months as per MAS directives.
Term Loan (Financing of MRTA, not part of purchase price) yrs S\$	
Term Loan (Personal use, not part of purchase price) yrs S\$	
Overdraft (Personal use, not part of purchase price) S\$	

(iii) CPF DETAILS:

CPF for Monthly Repayment	Yes / No (pls circle)	S\$	pm/Max
CPF for Stamp / Legal Fees	Yes / No (pls circle)	S\$	

BRIDGING LOAN/SHORT TERM LOAN REPAYMENT FROM SALE OF EXISTING PROPERTY (If applicable)

PROPERTY TO BE SOLD		
Sale Price / Market Value	S\$	Property Address (Pls include Project Name, if any):
Less: Loan Outstanding	(S\$)	
CPF Utilised	(S\$)	
Net Cash Proceeds	S\$	Expected / Actual Sale Date

SOLICITOR TO ACT FOR CUSTOMER

Firm Name		Tel No(s)	
Solicitor Name		Fax(s)	

HOW DID YOU GET TO KNOW ABOUT OUR HOME LOAN

<input type="checkbox"/> Newspaper	<input type="checkbox"/> TV	<input type="checkbox"/> Real Estate Agent	<input type="checkbox"/> Branch
<input type="checkbox"/> Internet/e-flash	<input type="checkbox"/> Member-get-member	Name (as in NRIC) _____	Employee Name _____
<input type="checkbox"/> Flyers/Direct Mailer	<input type="checkbox"/> Showflat	NRIC _____	Employee ID _____
<input type="checkbox"/> Others		Company _____	Branch _____

DECLARATION AND AUTHORISATION

IMPORTANT: PLEASE READ BEFORE SIGNING

By signing below,

- (a) I/We confirm that I/we will not use any credit facilities from the Bank or any other lender for the cash equity portion.
- (b) I/We hereby declare to the Bank that I/we have not received a discount, rebate or any other benefit from the vendor or any other party (including the payment of legal fees or stamp fees) which has the effect of reducing the true purchase price of the Property or part of the Property.
- (c) I/We hereby declare that I/we have not been granted credit facility(ies) by a financial institution (other than United Overseas Bank Limited) or by the vendor or by any other party for the purchase of the Property or part of the Property.
- (d) I/We hereby warrant and represent to the Bank that the particulars and information furnished by me/us herein are true and accurate. Further, I/we/am/are aware and agree that approval of this application is at the Bank's sole discretion, and the Bank is entitled to reject the application without assigning any reason or notice to me/us.
- (e) I/We also warrant that all copies of the documents submitted are true copies, and shall become and remain the property of the Bank.
- (f) I/We hereby authorise the Bank to obtain and verify any information about me/us at the Bank's sole discretion.
- (g) I/We confirm that at the time of this application, I/we am/are not undischarged bankrupt(s) in S'pore or any other country and there has been no statutory demand served on me/either of us or legal proceedings commenced against me/either of us.
- (h) I/We agree that if any of the information given herein becomes inaccurate or misleading or changes in anyway, whether before the application is approved or while the Loan is existing, I/we shall promptly notify the Bank of such changes.
- (i) I/We consent and authorise the Bank to communicate with me/us with respect of this application by electronic mail or any other means the Bank may deem appropriate at my/our respective address(es) set out in this application.
- (j) I/We hereby consent that the Bank may, at any time without liability to me/us, disclose any information relating to me/us on any of my/our account which I/we may have with the Bank, to any third party as the Bank may deem fit at the Bank's absolute discretion (including without limitation the Consumer Credit Bureau, the Bank's branches worldwide and its servants, agents, correspondents and independent contractor(s) whenever the Bank considers it in its interest to make such disclosure.
- (k) I/We understand that the Bank may require a deposit account to be opened or an existing account nominated, to be used as the repayment account for all administrative charges, monthly instalments, payment of arrears, fire insurance premiums, annual review charges, valuation fees, legal costs and all other charges imposed by the Bank. I/We acknowledge that I/we have read and understood fully all the Bank's prevailing Standard Terms and Conditions Governing Accounts and Services and the terms contained in this application form and agree to be bound by them in connection with the deposit account(s) that may be opened hereunder as well as any and all account(s) designated as deposit account(s) by the Bank that may at this date already be opened by me/us and/or that may hereafter be opened by me/us with the Bank.
- (l) Where a Housing and Development Board ("HDB") flat is to be used as security for the Loan, I/we further irrevocably authorise the Bank to disclose to the HDB, any information pertaining to myself/ourselves including without limitation all information in relation to my/our application herein, accounts, and facilities with the Bank.
- (m) I/We consent to the Bank disclosing all the information contained in this property loan application form, the letter of offer and all my /our bank account(s) details to UOB Life Assurance Ltd ("UOB Life") in order to enable UOB Life to process my/our application for the mortgage insurance.

Signature of Main Applicant / Date

Signature of Joint Applicant(s) / Date

DOCUMENTS SUBMITTED

- | | |
|---|---|
| <input type="checkbox"/> ICs / Passport Copy of all Applicants and Owners
<input type="checkbox"/> Income Documents: <input type="checkbox"/> Latest IR8A Form / Tax Return
<input type="checkbox"/> 6 months CPF Contribution History
<input type="checkbox"/> 2 years Tax Return (self-employed)
<input type="checkbox"/> 2 years Commission Stmt (commission-based)
<input type="checkbox"/> Option to Purchase (for New Purchase)
<input type="checkbox"/> Past 6/12 months' Loan Account Statement of Existing Mortgagee from Bank/HDB (for Refinancing) | <input type="checkbox"/> Latest CPF Statement of Account (if CPF usage is involved)
<input type="checkbox"/> Latest CPF Withdrawal Statement for Existing Property to be Refinanced (if applicable)
<input type="checkbox"/> Latest CPF Withdrawal Statement for Existing Property to be Sold (if applicable)
<input type="checkbox"/> Option for Sale of Existing Property (if applicable)
<input type="checkbox"/> Tenancy Agreement (if available)
<input type="checkbox"/> Title Deed Copy (if property is unencumbered)
<input type="checkbox"/> KYC with Factiva Printout
<input type="checkbox"/> Housing Agent Referral Form
<input type="checkbox"/> Valuation Report (for HDB properties) |
|---|---|

FOR OFFICIAL USE ONLY

Branch Code: (where facility is to be booked in)	Salesperson Full Name:	Salesperson Employee ID:
Interest Rate Package / PLCE Product Code	Remarks & Recommendations:	

FOR OFFICIAL USE ONLY: PROPOSAL NO.	INTERMEDIARY CODE.	CRM NO.
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PROPOSAL FORM FOR UOB MAXI MORTGAGE PROTECTOR

WARNING: STATEMENT PURSUANT TO SECTION 25(5) (OR ANY SUBSEQUENT AMENDMENTS THEREOF) OF THE INSURANCE ACT (CAP 142), YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE, THE POLICY ISSUED HEREUNDER MAY BE VOID.

SECTION A: PLAN DETAILS

Mortgage Reducing Term Assurance	Sum Assured (\$)	Age	Policy Term (Years)	Cash / Cheque / Term Loan	Premium Payable (\$)
Life Assured / 1 st Applicant (Name: _____)					
Life Assured / 2 nd Applicant (Name: _____)					

SECTION B: PREVIOUS PROPOSAL(S) AND REPLACEMENT OF POLICY(IES)

a. Have you had any proposal for life, health, disability, accident or critical illness assurance, including renewal and reinstatement ever been declined, deferred or accepted at special rates or terms?	Life Assured/ 1 st Applicant <input type="checkbox"/> No <input type="checkbox"/> Yes	Life Assured/ 2 nd Applicant <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, please state reason and the plan type.
b. Is this proposal to replace or intended to replace any designated investment product(s) with this or any other office, in part or in whole?	Life Assured/ 1 st Applicant <input type="checkbox"/> No <input type="checkbox"/> Yes	Life Assured/ 2 nd Applicant <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, please give details.

SECTION C: MEDICAL AND HEALTH DETAILS OF THE LIFE ASSURED

1. Have you ever suffered or do you now suffer from cancer, growth / tumor or other malignancies, high blood pressure, chest pain, heart disorder, stroke, urinary or bowel disease, kidney disease, gout, diabetes, raised cholesterol, blood disorder, fits, respiratory disease, liver disease, hepatitis of any kind, HIV infection (AIDS), mental or neurological disorders, disorders of the immune system, gynaecological disorders or any other ailments, disability and impairments not mentioned above?	Life Assured/ 1 st Applicant <input type="checkbox"/> No <input type="checkbox"/> Yes	Life Assured/ 2 nd Applicant <input type="checkbox"/> No <input type="checkbox"/> Yes
2. Are you currently receiving, have been scheduled to undergo any medical or surgical treatment or attention other than a routine health screening purpose in the last 5 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Do you participate or intend to participate in any form of hazardous activity such as diving, climbing or mountaineering, motor racing or aviation?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

If your answer(s) to the above question(s) is / are "Yes". please attach copies or medical reports and complete relevant questionnaire(s).

SECTION D: DECLARATION

I/we hereby declare that the foregoing answers are true and whether written by me or by anyone else on my behalf I/we accept full responsibility for them; and that I/we have not withheld any material information; and that the assurance is to be taken out by me/us and the premiums to be paid thereon are to be paid by me/us.

I/we agree to inform UOB Life if there is any change in the state of health, occupation or activity of the Life Assured between the date of this proposal or medical examination and the issue date of my policy. On receiving the information UOB Life is entitled to accept or reject my proposal.

I/we understand that the Insurance will not commence until the proposal has been officially accepted by UOB Life and the premium is fully paid. I/we agree to pay UOB Life the amount of any medical fee incurred should I/we fail to take up the policy after UOB Life has notified me/us of the acceptance of this proposal at normal rates.

I/we understand that should I/we cancel the proposal anytime from the date of this application or within 14 days after first receipt of the policy documents, UOB Life will refund the premium paid (without interest) less any underwriting and medical fees incurred by UOB Life assessing the proposal. If the policy is sent by post, it shall be deemed to have been delivered and received in the ordinary course of the post, 7 days after the date of posting. If my/our application is rejected by UOB Life, the full premium (without interest) will be refunded.

And I/we hereby agree and authorise any medical source, insurance office or organisation to release to UOB Life any relevant information concerning me/us at any time, irrespective of whether the proposal is accepted by UOB Life and vice versa. And I/we agree and authorise UOB Life to use and disclose any information collected or held (contained in this proposal or otherwise obtained) to enable UOB Life, its associated individuals/organisations or independent third parties, within or outside Singapore, to provide advice or information concerning products or services which UOB Life believes may be of interest to me/us or to communicate with me/us for any purpose. A photocopy of this authorisation shall be as valid as the original.

I/we have given my consent to United Overseas Bank Ltd in disclosing the information in the property/loan application form and letter of offer as well as information relating to the money and other relevant particulars of my account to UOB Life in order to enable UOB Life to process my application for the mortgage insurance.

I/we request and authorise UOB Life Assurance to pay directly in precedence to United Overseas Bank Ltd the amount due to me and/or my estate under the terms and condition of the Policy herein, such payment in satisfaction of the outstanding amounts of the Hosing Loan and any applicable Term Loan for this insurance application. If this UOB Life Mortgage Reducing Term Assurance policy is bought with Term Loan, it will be assigned to United Overseas Bank Ltd upon application and commencement of the policy. The assignment shall remain in force until such time the entire UOB Life Mortgage Reducing Term Assurance loan period expires or when the loan is fully paid up.

I/we acknowledge receipt of "Your Guide to Life Insurance", product brochure/summary and benefits illustration, the contents of which have been explained to me/us to my/our satisfaction.

I/we declare that I/we am/are not an undischarged bankrupt and that no bankruptcy order has been made against me/us.

WARNING:

1. It is usually disadvantageous to replace an existing designated investment product with a new one for the following reasons:-

- you may not be insurable on standard terms when switching between insurance policies;
- paying a higher premium for the same or lower level of benefits;
- losing the financial benefits accumulated over the years in an existing designated investment product / insurance policy;
- incurring transaction costs for terminating an existing designated investment product without gaining any real benefits from the switch;
- the new designated investment product may be less suitable for you.

You should seek advice from your financial consultant when in doubt or if you required further clarification.

2. If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. **This includes any information that you may have provided to the agent but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal.**

Signature of Life Assured / 1 st Applicant	Signature of Life Assured / 2 nd Applicant	Signature of Sales Intermediary (Witness):
NRIC:	NRIC:	Name:

Dated in Singapore _____ Day _____ Month _____ Year

Please provide a copy of the NRIC/Passport of Life Assured/1st Applicant and Life Assured/2nd Applicant together with this Proposal Form.

Please complete all questions and tick () the appropriate box. Enter "NIL" where not applicable.

UOB Life Assurance Ltd Tel: 6227 8477 fax: 6224 3012 Email: uoblife@uobgroup.com Website: www.uoblife.com.sg Co. reg. No. 199001869K

United Overseas Bank Limited Tel: 1800 2222 121 Website: www.uobgroup.com Co. reg. No. 193500026Z.com.sg

UOB MAXI MORTGAGE PROTECTOR



Underwritten by

 **UOB Life**
大華人壽保險

Distributed by

 **UOB**
大華銀行