


STATEMENT OF PRIVATE ASSETS AND LIABILITIES

PERSONAL PARTICULARS		OFFICE USE
1.	Surname	
2.	First Names	
3.	ID No.	
4.	Passport No.	
5.	Residential Address	
6.	Marital Status	

ASSETS

A. FIXED PROPERTY (Including if held in a trust)		
	Property 1.	Property 2.
1. Physical Address		
2. Erf No. & District		
3. Land Area in sq. m		
4. Registered in the Name of		
5. Date of Purchase		
6. Purchase Price		
7. Date of Valuation		
8. Valuation		
9. Valuation Certificate enclosed.	(Please indicate ✓)	(Please indicate ✓)

B. MARKETABLE SECURITIES (Quoted Shares, Debentures etc.)			
Institution	Type of Security	Ref. No	Cost
1.			
2.			
3.			

C. INVESTMENT & UNIT TRUST ACCOUNTS			
Institution	Type of Investments	A/C No.	Cost
1.			
2.			
3.			

D. INSURANCE POLICIES			
Underwriter	Type of Policy	Policy No. & Inception Date	Surrender Value
1.			
2.			
3.			

E. BANK ACCOUNTS			
Bank	Type of Account	A/C No.	Balance
1.			
2.			
3.			

F. INTEREST IN PRIVATE COMPANIES & CLOSER CORPORATIONS (Shares, Loans, etc.)			
Company	Investment	% Interest (Shares)	Cost \ Balance
1.			
2.			
3.			

G. MOTOR VEHICLES				OFFICE USE
Make & Model	Year	Reg. No.	Cost	
1.				
2.				
3.				

H. OTHER DURABLE ASSETS (Exceptional Items only, e.g. Fire Arms, Antiques, Jewellery, etc.)		
Item	Cost	
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

TOTAL ASSETS	
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LIABILITIES

A. BONDS (Refer to 'A' above)					OFFICE USE
Erf No. & District	Bondholder	Ref No.	Monthly Payment	Balance Outstanding	
1.					
2.					

B. INSTALMENT SALE AGREEMENTS					
Item Financed	Creditor	Ref. No.	Monthly Payment	Balance Outstanding	
1.					
2.					
3.					

C. CREDIT CARDS, OVERDRAFT & OTHER BANK LOANS

Type of Facility	Creditor	Ref. No.	Monthly Payment	Balance Outstanding	
1.					
2.					
3.					
4.					
5.					

D. ACCOUNTS PAYABLE

Type of Facility	Creditor	Ref. No.	Monthly Payment	Balance Outstanding	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

TOTAL LIABILITIES

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SUMMARY (For Office use)

Total Assets	
Total Liabilities	
Net Assets	

CONTINGENT LIABILITIES & OTHER INFORMATION**A. GUARANTEES GIVEN, SURETYSHIPS**

In Favour of	Expiry Date	Amount	
1.			
2.			
3.			
4.			
5.			
6.			
7.			

B. PERSONAL INCOME & EXPENDITURE (Per Month)

Source of Income	Amount	
1.		
2.		
3.		
4.		
Total Income		

Taxation & Other Deductions		
Disposable Income		
Regular Monthly Payments (Note Liabilities above)		
Residual Income		

C. DIRECTORSHIPS HELD

D. EMPLOYER

E. DECLARATION
I hereby declare that, to the best of my knowledge and belief, this is a true and correct statement. My assets are not encumbered nor ceded other than as stated above.
Signed
Name
Location
Date
Witness
Witness

F. REMARKS: FOR OFFIC USE

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