

Required Documents

1. Letter from employer
2. Audited financial statements/Management Accounts
3. Current pay slip
4. Personal Identity documents of Directors
5. Proof of Residence
6. Proof of Residence Permits (**Non-Swazi**)
7. Certificate of Incorporation
8. Trading License
9. Tax Compliance certificate
10. ENPF Compliance Certificate
11. FORM J



Eswatini National Provident Fund

Lidlelantfongeni

Lidlelantfongeni Building
Coner Ngwane & Martin
Streets, Manzini.
Tel: +268 2508 2000
Fax: +268 2508 2001
Email: info@snpf.co.sz
Website: www.snpf.co.sz

P.O.Box 1857
Manzini
M200
Eswatini

Your Future, Your Life

APPLICATION FOR RESIDENTIAL ACCOMMODATION (COMPANIES)

An administration fee of E50.00 (non-refundable) must be paid via ENPF's Mobile Money @7828 0680 OR deposit at the bank – A/C no. 40000011322 – NEDBANK – MANZINI – 360264 (attach receipt)

This application is valid for a period of 3 months.

Date: _____

Building Name: _____

No. Of Bedrooms Required: _____

Main Person to Occupy Flat/House: _____

Contact Details; Email _____

Mobile _____

1. Name of Applicant: _____

Contact Number(s) (w) _____ (h) _____

Mobile No.(s): _____

Email Address: _____

2. Name of Organization: _____

Postal Address: _____

Email Address of Organization: _____

Telephone Number(s): _____

3. **Name of Director (1):** _____

Mobile No.(s): _____

Email Address: _____

PIN: _____

4. **Name of Director (2):** _____

Mobile No.(s): _____

Email Address: _____

PIN: _____

5. **Name of Reference:** _____

Telephone Number: (w) _____ (h) _____

Email Address: _____

Relationship: _____

PIN: _____

6. **Previous landlord:** _____

Mobile No.(s): _____

Telephone No.(s): _____

Email Address: _____

Reason for leaving previous landlord: _____

Signature of Applicant: _____

Designation: _____

DECLARATION:

I/We declare the above to be true. I/We accept that the information I/we have given above may be used to investigate my/our credit record and report information concerning the credit experience of my account to a Credit Bureau and other. I/We concede that there is no assurance that my/our application shall be accepted.

Signed: _____
Applicant

At: _____

Date: _____

- Please note that the company's credibility will be checked through ITC (Transunion Swaziland)

For Official Use Only	
APPLICATION REVIEW:	
Outcome:	
<input type="checkbox"/> Approve:	
Facilities Manager: _____	Signature: _____
Date: _____	Premises No.: _____
<input type="checkbox"/> Decline: (If declined, please state reasons)	

