



## Eswatini National Provident Fund

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*Lidlelantfongeni*

P.O.Box 1857  
Manzini  
M200  
Eswatini

**Your Future, Your Life**

### **APPLICATION FOR RESIDENTIAL ACCOMODATION**

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 the period of 3 months.**

DATE: \_\_\_\_\_

Name of Building/Area Where Residence is required: \_\_\_\_\_

No. of Bedrooms required: \_\_\_\_\_

### **PARTICULARS OF APPLICANT**

Surname: \_\_\_\_\_ First name (s): \_\_\_\_\_

Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

PIN: \_\_\_\_\_

Contact Numbers: (w) \_\_\_\_\_ (h) \_\_\_\_\_

(cell)

Marital status: \_\_\_\_\_ No. of Dependents: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Residential Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred mode of Communication: \_\_\_\_\_

Number of persons to occupy the unit; Adults: \_\_\_\_\_ Children: \_\_\_\_\_

**EMPLOYMENT/ ENTREPRENUER DETAILS:**

Name of Employer/Business: \_\_\_\_\_

Occupation: \_\_\_\_\_

Period of Service with Employer/in Business:

Workstation/department:

Monthly Salary: E \_\_\_\_\_ (attach copy of payslip)/ 3Months bank statements if you own business

Is your employer prepared to pay your rent? No  Yes (if yes, attach proof from employer letter)

**SPOUSE’S EMPLOYMENT DETAILS:**

Name of Spouse: \_\_\_\_\_ PIN: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Period of Service with Employer: \_\_\_\_\_ Monthly Salary: E \_\_\_\_\_ (attach copy of payslip)

**CURRENT RESIDENTIAL DETAILS:**

**Current Residence:** Hotel Home Sharing Renting Own house

Period at Current Residence: 1-11months 1 year 2 years More than 3 years

Place of Residence: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

Landlord Contact details:

Rental Paid Per Month E \_\_\_\_\_

**Reasons for Change of Accommodation:** Employment Social Education Financial  
Premises Needed by Landlord

**PARTICULARS OF NEXT OF KIN:**

Full Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Contact Numbers: (w) \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_

Residential Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

**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:

At:

Applicant

Date: \_\_\_\_\_

- Please note applicant's credibility will be checked through ITC (Transunion Swaziland)

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

## **Required Documents**

1. Copy of current pay slip or 3 months bank statement
2. Copy of Personal Identity document
3. Proof of Residence
4. Proof of Residence Permits (**Non-Swazi**)