



APPLICATION FOR MORTGAGE OVERPAYMENT / EXCESS

N.B. Section A - must be completed by ALL applicants.

Section B - must ONLY be completed by persons applying for Overpayment of Mortgage

Section C - must ONLY be completed by persons applying for Excess amount due from Public Auction/Private Treaty Sale

Sections D & E are for Official Use (**DO NOT COMPLETE**)

SECTION A: TO BE COMPLETED BY ALL APPLICANTS

1. **Particulars of Applicant(s):**

(a) Name: _____ (1) _____ (2) _____ (3)

(b) Address: _____

(c) Email: _____

(d) Telephone No. _____

(e) NIS No.

(f) Account No.

(g) TRN: - - -

2. Identification Type Drivers Licence No.

(Tick one only) Passport No.

National Voter's Registration Card No.

3. Other Documents submitted:
- | | |
|---|---|
| <input type="checkbox"/> Payslip | <input type="checkbox"/> Probated Will |
| <input type="checkbox"/> Authorization Letter | <input type="checkbox"/> Letters of Administration |
| <input type="checkbox"/> Water Bill Receipt | <input type="checkbox"/> Property Tax Receipt |
| <input type="checkbox"/> Maintenance Receipt | <input type="checkbox"/> Electronic Banking Data Authorisation (EBDA) |
| | <input type="checkbox"/> Other _____ |

4. Name of Contact Person: _____

5. Telephone No. _____

SECTION B: OVERPAYMENT OF MORTGAGE

6. Date of last Mortgage payment _____

Claimant's Signature: _____

Date: _____

SECTION C: EXCESS AMOUNT DUE FROM AUCTION / PRIVATE TREATY SALE

8. Date of Closure of Account: _____

Claimant's Signature: _____ Date: _____

Claimant's Signature: _____ Date: _____

Claimant's Signature: _____ Date: _____

(N.B. Payment will not be made if current bills/receipts are not provided.)

SECTION D: FOR USE BY BRANCH PERSONNEL (NHT ONLY)

Name of CSR: _____ Branch Office: _____

Signature: _____ Date: _____

Comments / Instructions: _____

EBDA Form(s) duly completed and submitted? Yes No Comment: _____

SECTION E: FOR USE BY DATA CAPTURE UNIT / GENERAL LEDGER RECONCILIATION UNIT (NHT ONLY)

	<u>Refundable Amount</u>	<u>Source (GL A/C#)</u>
	\$ _____	_____
	\$ _____	_____
Total	\$ _____	

Processed by: _____ Date: _____

Approved by: _____ Date: _____

- N.B.**
- (a) Memo Pad must be updated.
 - (b) Payout amount over \$500,000 but under \$1,000,000 must be approved by the Manager, Recovery Enforcement & Settlement.
 - (c) Payout amount of over \$1,000,000 to be approved by Assistant General Manager, Loan Management.