

APPLICATION FOR INSTALMENT FINANCE-PG1



GOODS DESCRIPTION	<input type="checkbox"/> NEW <input type="checkbox"/> USED	MODEL	MAKE	M&M CODE <input type="text"/>
DEALER/SUPPLIER			TEL NO.	
F&I CONTACT PERSON		SALES PERSON		FAX NO.
CASH PRICE VAT INCL.	VARIABLE EXTRAS VAT INCL. <input type="checkbox"/> INSTALMENT <input type="checkbox"/> LEASE <input type="checkbox"/> RENTAL <input type="checkbox"/> OTHER			
ADD COVER	RADIO/TAPE		TERM	
LICENCE/REG	NUMBER PLATES		RATE	
CREDIT LIFE	WARRANTY		<input type="checkbox"/> ADVANCE <input type="checkbox"/> ARREARS	
DEPOSIT/TRADE IN	OTHER		RESIDUAL	
FINANCABLE AMOUNT	R	OTHER	INSTALMENT R	
PERSONAL DETAILS	TITLE	SURNAME	ID NO.	
FULL NAMES			INITIALS	DEPENDANTS
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> MARRIED <input type="checkbox"/> ANC <input type="checkbox"/> COP <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED			DATE MARRIED	
HOME ADDRESS				PERIOD
TEL(H)	TEL(W)	CELL	FAX	E-MAIL
POSTAL ADDRESS				CODE
PREVIOUS ADDRESS				PERIOD
SPOUSE NAMES			SPOUSE ID	
NEXT OF KIN			RELATIONSHIP	
ADDRESS				TEL
BOND DETAILS	BOND HOLDER			AMOUNT OUTSTANDING
PROPERTY VALUE	R	INSTALMENT	R	/M PURCHASE PRICE
DATE PURCHASED	REGISTERED	<input type="checkbox"/> OWN NAME	<input type="checkbox"/> SPOUSE	RENTING R
EMPLOYER DETAILS	EMPLOYER			OCCUPATION
EMPLOYER ADDRESS			TEL	NO. OF YEARS
SALARY DATE		PREVIOUS EMPLOYER		NO. OF YEARS
SPOUSE EMPLOYER			NO. OF YEARS	
TEL			OCCUPATION	
BANK DETAILS	BANK NAME	BRANCH NAME	BRANCH CODE	
NAME OF ACCOUNT HOLDER		ACCOUNT NO.		
<input type="checkbox"/> CREDIT CARD		<input type="checkbox"/> SAVINGS	<input type="checkbox"/> TRANSMISSION	<input type="checkbox"/> CURRENT
TRADE REFERENCE	BRANCH	ACCOUNT NO.	INSTALMENTS	PAID UP/CURRENT/TO BE SETTLED
ETHNIC GROUP	<input type="checkbox"/> AFRICAN <input type="checkbox"/> COLOURED <input type="checkbox"/> INDIAN <input type="checkbox"/> WHITE			
LANGUAGE PREFERENCE	<input type="checkbox"/> ENGLISH (PRIMARY) <input type="checkbox"/> AFRIKAANS (FOR AN EXPLANATORY VERSION)			
OTHER _____				

Signature _____ Date _____

APPLICATION FOR INSTALMENT FINANCE-PG2



APPLICANT INITIALS:		SURNAME:	
ID NR:			

PERSONAL APPLICATION FORM

SALARY DETAILS	OWN	SPOUSE
BASIC MONTHLY (EXCL CAR ALLOWANCE)	R	R
CAR ALLOWANCE	R	R
TOTAL SALARY (BASIC & CAR ALLOWANCE)	R	R
MONTHLY COMMISSION	R	R
NET TAKE HOME PAY	R	R
INCOME OTHER THAN SALARY/WAGES**	R	R
SOURCES OF OTHER INCOME**		
TOTAL MONTHLY HOUSEHOLD INCOME (NET SALARY & OTHER)	R	

HOUSEHOLD'S EXPENSES PER MONTH:

BOND PAYMENT / RENT	R	RATES, WATER AND ELECTRICITY	R
VEHICLE INSTALMENTS (EXCLUDING THOSE TO BE SETTLED)	R	PERSONAL LOAN REPAYMENTS	R
CREDIT CARD REPAYMENTS	R	FURNITURE ACCOUNTS	R
CLOTHING ACCOUNTS	R	OVERDRAFT REPAYMENTS	R
POLICY/ INSURANCE REPAYMENTS	R	TELEPHONE PAYMENT	R
TRANSPORT COSTS	R	FOOD AND ENTERTAINMENT	R
EDUCATION COSTS	R	MAINTENANCE	R
HOUSEHOLD EXPENSES	R	OTHER	R
TOTAL MONTHLY HOUSEHOLD EXPENSES	R		
HOUSEHOLD SURPLUS/DISPOSABLE INCOME	R		

ARE YOU CURRENTLY LIABLE AS: SURETY GUARANTOR CO-DEBTOR

SPECIFY DETAILS:

IF YOU HAVE SIGNED SURETY OR CO-DEBTOR PLEASE INDICATE THE FULL AMOUNT OUTSTANDING R

I confirm that:

- A. I am not a minor.
- B. I have never been declared mentally unfit by a court.
- C. I am not subject to an administration order.
- D. I do not have any current application pending for debt restructuring or alleviation.
- E. I do not have any current debt re-arrangement in existence.
- F. I have not previously applied for a debt re-arrangement.
- G. I am not under sequestration.
- H. I do not have applications pending for credit, nor open quotations as envisaged in section 92 of the National Credit Act.

If any of the above is incorrect give details: _____

- I. I hereby grant the Credit Provider the right to communicate with me through any electronic/written media or verbally in order to make available to me, their product offering. Y N
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I hereby give consent to the Credit Provider to make enquiries about my credit record with any credit agency and to obtain whatever information on me they might require to process the application. I also give consent to the Credit Provider to share my payment behaviour with any credit agency.

I hereby grant the Credit Provider the right to increase my Credit Limit once every year to accommodate any Value Added Products needed and requested by me.

I hereby declare that all of the above information is true and correct.

Signature _____ Date _____