



APPLICATION FOR INSTALMENT FINANCE-PG1

GOODS DESCRIPTION	NEW USED	MODEL	MAKE	M&M CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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		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)					
		<input type="checkbox"/> ZULU (FOR AN EXPLANATORY VERSION)				<input type="checkbox"/> SOTHO (FOR AN EXPLANATORY VERSION)					

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: _____

Declaration by Client:

	Y	N
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

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

Signature _____ Date _____