

# 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			
<b>PERSONAL DETAILS</b>		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	
HOME ADDRESS						DATE MARRIED					
TEL(H)				TEL(W)		CELL		FAX		E-MAIL	
POSTAL ADDRESS									CODE		
PREVIOUS ADDRESS									PERIOD		
SPOUSE NAMES						SPOUSE ID					
NEXT OF KIN						RELATIONSHIP					
ADDRESS						TEL					
<b>BOND DETAILS</b>		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	
<b>EMPLOYER DETAILS</b>		EMPLOYER						OCCUPATION			
EMPLOYER ADDRESS						TEL			NO. OF YEARS		
SALARY DATE				PREVIOUS EMPLOYER				NO. OF YEARS			
SPOUSE EMPLOYER						NO. OF YEARS					
TEL						OCCUPATION					
<b>BANK DETAILS</b>		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					
<b>TRADE REFERENCE</b>		BRANCH		ACCOUNT NO.		INSTALMENTS		PAID UP/CURRENT/TO BE SETTLED			
<b>ETHNIC GROUP</b>		<input type="checkbox"/> AFRICAN		<input type="checkbox"/> COLOURED		<input type="checkbox"/> INDIAN		<input type="checkbox"/> WHITE			
<b>LANGUAGE PREFERENCE</b>		<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:	<input type="checkbox"/> SURETY	<input type="checkbox"/> GUARANTOR	<input type="checkbox"/> CO-DEBTOR

SPECIFY DETAILS:

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

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 \_\_\_\_\_