



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 get a car				TEL NO. 012 335 1100									
F&I CONTACT PERSON			SALES PERSON			FAX NO. (012) 335 7628							
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 _____