

APPLICATION FOR INSTALMENT FINANCE-PG1

| | | | | | | |
|---|--|---|---|---|-------------------------------|--------|
| GOODS DESCRIPTION | | NEW 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

☐
☐

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 _____

Capacity of signatory/ies