## APPLICATION FOR INSTALMENT FINANCE-PG1

GOODS DESCRIPTION USED MODEL		MAKE		м&м с	ODE (		
DEALER/SUPPLIER				TEL NO.			
F&I CONTACT PERSON	CONTACT PERSON SALES PERSON			FAX NO.			
CASH PRICE VAT INCL.	VATABLE EXTRAS VAT INCL.		INSTALMEN"	T LEAS	LEASE RENTAL OTH		
ADD COVER	RADIO/TAPE		TERM				
LICENCE/REG NUMBI		UMBER PLATES RATE					
CREDIT LIFE W		ANTY	ADVANCE ARREARS				
DEPOSIT/TRADE IN			RESIDUAL				
FINANCABLE AMOUNT R		OTHER INS		NSTALMENT R			
PERSONAL DETAILS TITLE SURNAME ID			ID NO.	ID NO.			
FULL NAMES INITIALS			INITIALS	DEPENDANTS			
MALE FEMALE MARRIED ANC COP SINGLE WIDOWED			WIDOWED	DATE MARRIED		RIED	
HOME ADDRESS					PERIOD		
TEL(H) TEL(W)	CE	LL	FAX		E-MAIL		
POSTAL ADDRESS						CODE	
PREVIOUS ADDRESS		Wall (all all 2)			- 1	PERIOD	
SPOUSE NAMES			SPOUSE ID				
NEXT OF KIN RELATIONSHIP							
ADDRESS TEL							
BOND DETAILS BOND HOLDER				AMOUNT OUTSTANDING			
PROPERTY VALUE R	R INSTALMENT R /M			PURCHASE PRICE			
DATE PURCHASED REGIS	STERED	FERED OWN NAME 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					NO. OF YEARS		
TEL	OCCUPATION						
BANK NAME	BANK NAME BRANCH NAME BRANCH CODE						
NAME OF ACCOUNT HOLDER		ACCOUNT N	0.				
CREDIT CARD SAVINGS	SAVINGS TRANSMISSION CURRE			ıT			
TRADE REFERENCE BRANCH	BRANCH ACCOUNT NO.		INSTALMENTS PAID UP/		PAID UP/CUR	RENT/TO BE SETTLED	
	122000						
		5					
ETHNIC GROUP AFRICAN COLOURED INDIAN WHITE							
LANGUAGE PREFERENCE ENGLISH (PRIMARY)  AFRIKAANS (FOR AN EXPLANATORY VERSION)							
OTHER							

## APPLICATION FOR INSTALMENT FINANCE-PG2

APPLICANT INITIALS:		SURNAME:					
ID NR:		0 (000) (840) - 1 1 (1880) (100) - 100					
PERSONAL APPLICAT	TION 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	1/20	R			
NET TAKE HOME PAY		R		R			
INCOME OTHER THAN SALARY/WAGES**		R		R			
SOURCES OF OTHER INC	OME**						
TOTAL MONTHLY HOUSE	HOLD INCOME (NET SALARY & OTHER)	R					
HOUSEHOLD'S EXPE	NSES PER MONTH:						
BOND PAYMENT / REN	IT	R	RATES, WA	TER AND ELECTRICITY	R		
VEHICLE INSTALMENTS (EXCLUDING THOSE TO BE SETTLED)		ED) R	PERSONAL	LOAN REPAYMENTS	R		
CREDIT CARD REPAYM	ENTS	R	FURNITUR	E ACCOUNTS	R		
CLOTHING ACCOUNTS		R	OVERDRAF	T REPAYMENTS	R		
POLICY/ INSURANCE REPAYMENTS		R	TELEPHON	E PAYMENT	R		
TRANSPORT COSTS		R	FOOD AND	ENTERTAINMENT	R		
EDUCATION COSTS		R	MAINTENA	NCE	R		
HOUSEHOLD EXPENSES		R	OTHER		R		
TOTAL MONTHLY HOUSEHOLD EXPENSES		R	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 Y. N. to make available to me, their product offering.  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							
Signature							

Consent to electronically	obtain account	statements from financia	al institutions	
Name of account holder	(you)*	l		
*One account holder per c	onsent form			
Identity/Passport/Registr	ation Number		_  _	
•	gst other crimes, fi	inance application fraud. I	n these dealing	ch other and other financial gs, the Banks ensure that all ential.
to any or all of the Banks consent to obtain your bar will exchange only the bar	s in the name of nk statement(s) did nk statements you n the finance ap	rectly from other financial have authorised and thes plication for which you h	institutions (as se will be safego ave consented	will submit on your behalf, the Banks need your specified below). The Banks uarded and not used for any l. Bank account statements .
account(s) (that show you some or all of the required	r account transact bank statements e liable for any co	ction history) and if there if for any reason, the Banks osts which may be charg	is a problem wi	tatement(s) on the following ith the electronic retrieval of u to provide physical copies:  for each request received
Account 1:				
Name of bank/institution				
Account type/ description				I
Branch name		Branch number		
Account number				I
Account 2:				
Name of bank/institution				
Account type/ description				
Branch name		Branch number		
Account number	<u> </u>			
Signature		Date		
If account is in the name	of a legal entity:	:		
Name of signatory/ies				

Capacity of signatory/ies\_\_\_\_\_