

**Personal Details Form - RENTAL**

MAIN APPLICANT					CO-APPLICANT				
FULL NAMES:									
SURNAME:									
ID NUMBER:									
PREFERRED CONTACT:	<i>Email</i>	<i>Mobile</i>	<i>Work</i>	<i>Home</i>	<i>Email</i>	<i>Mobile</i>	<i>Work</i>	<i>Home</i>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EMAIL ADDRESS:									
MOBILE NUMBER:									
WORK NUMBER:									
EMPLOYMENT AREA:									
HOME NUMBER:									
MARITAL STATUS:	<i>SINGLE</i>	<i>COP</i>	<i>ANC</i>		<i>SINGLE</i>	<i>COP</i>	<i>ANC</i>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
RESIDENTIAL ADDRESS:									
GROSS SALARY: (BEFORE DEDUCTIONS)					<i>R</i> _____	<input type="checkbox"/> <i>+Overtime</i>		<input type="checkbox"/> <i>+Commission</i>	
					<i>R</i> _____	<input type="checkbox"/> <i>+Overtime</i>		<input type="checkbox"/> <i>+Commission</i>	
AREA OF INTEREST:									
HOW DID YOU HEAR ABOUT US:	<input type="checkbox"/>	<i>Website</i>	<input type="checkbox"/>	<i>Flyers</i>	<input type="checkbox"/>	<i>Radio / Newspaper</i>			
	<input type="checkbox"/>	<i>Taxi</i>	<input type="checkbox"/>	<i>Billboards / Trailers</i>	<input type="checkbox"/>	<i>Word of Mouth</i>			
	<input type="checkbox"/>	<i>Other</i> _____							

I/We warrant that all the information supplied is to the best of my/our knowledge and belief, true and correct in all material respects.

I/We hereby authorize Valumax Property Management to obtain access to my/our Credit Bureau records. I/We further authorize the Credit Bureau to furnish or to disclose any such information (positive or negative) arising from the reports requested, to Valumax Property Management for their exclusive use.

I/We confirm that I am/we are not currently under debt review and not subject to any debt rearrangement orders.

My details will not be divulged to any other external parties other than referred to above, without the express consent of me / ourselves.

Main Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Contact Number: 060 724 4110 OR 0861 825 465**

**EMAIL FORM BACK TO: [lizelle@valumaxrentals.co.za](mailto:lizelle@valumaxrentals.co.za) or FAX to 086 216 9390**