



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. 013 282 6670						
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		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					
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:	<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		

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 _____