

APPLICATION FOR INSTALMENT FINANCE-PG 1

Goods Description	<input type="checkbox"/> New <input type="checkbox"/> Used	Model	Make	M&M Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealer/Branch								Telephone No.			
Contact Person				Sales Person				Fax No.			
Cash Price		Vatable Extras (VAT Incl.)						<input type="checkbox"/> Instalment		<input type="checkbox"/> Lease	
Add Cover		Radio / CD			Term						
License/Reg		Number Plates			Rate						
Credit Life		Warranty			<input type="checkbox"/> Advance		<input type="checkbox"/> Arrears				
Deposit/Trade In		Other			Residual						
Finance Amount		Other			Instalment R						
PERSONAL DETAILS		Title		Surname				ID No.			
Full Names					Initials			Dependants			
Gender			Marriage Status				Date Married				
Home Address								Period At Current Address			
Tel (H)		Tel (W)		Cell		Fax		Email			
Postal Address								Postal Code			
Previous Address								Period At Previous Address			
Spouse Names								Spouse ID			
Next Of Kin - Name						Next Of Kin - Relationship					
Next Of Kin - Address						Next Of Kin - Contact Number					
BOND DETAILS		Bond Holder				Amount Outstanding					
Property Value			Monthly Instalment			/M		Purchase Price			
Date Purchased											
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.						
Account Type Savings											
ETHNIC GROUP		Ethnic Group									
LANGUAGE PREFERENCE		Language Preference									

Signature: _____ Date: _____

APPLICATION FOR INSTALMENT FINANCE-PG 2

Initials	Surname
ID No.	

PERSONAL APPLICATION FORM

SALARY DETAILS		
Basic Monthly (Excl Car Allowance)		
Car Allowance		
Total Salary (Basic & Car Allowance)		
Monthly Commission		
Net Take Home Pay		
Income Other Than Salary/Wages		
Source Of Other Income		
Total Monthly Household Income (Net Salary & Other)		

HOUSEHOLD EXPENSES PER MONTH

Bond Payment / Rent		Rates, Water And Electricity	
Vehicle Instalments (Excluding Those To Be Settled)		Personal Loan Repayments	
Credit Card Repayments		Furniture Accounts	
Clothing Accounts		Overdraft Repayments	
Policy / Insurance Repayments		Telephone Payment	
Transportation Costs		Food And Entertainment	
Education Costs		Maintenance	
Household Expenses		Other	
Monthly Expenses			
Household Surplus/Disposable Income			

Are You Currently Liable As Surety: Guarantor: Co-Debtor:

Liability Details

Full Outstanding Surety Or Co-Debtor Liability

Preferred Method Of Communication

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, state which and 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:

Yes No

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 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 credit application and / or application for insurance.

I hereby declare that all of the above information is true and correct.

Signature: _____ Date: _____