

Individual Application for Finance

Applicant Type:
 Individual Applicant Sole Proprietor Surety/Co-Debtor
 ID/Passport No. _____
 Citizenship SA Other (If not SA resident, state country of Residence)
 Country of Residence _____ Permit Type _____
 Permit No. _____ PermitExpDate ____/____/____ DD/MM/YY
 Country Issued _____
 Issue Date ____/____/____ DD/MM/YY Expiry Date ____/____/____ DD/MM/YY
 Surety ID No. (If appli) _____

Transaction Type: Instalment Sale Lease Rental
LangPref: E A Other **EthnicGroup:** A B C W

Applicant's Details:
 Title _____ Initials _____
 Surname _____
 First Name _____ Middle Name _____
 Gender M F Graduate? Y N
 Trading as/ Name _____
 Tax No. _____ VAT No. _____
 HomeTelNo. (____) _____ Cell No. _____
 E-mail Address _____
Home Address: (Yrs ____ Mnths ____)

Suburb _____ Postal Code _____
Postal Address: (If Different from Residential)
 Suburb _____ Postal Code _____
Previous Home Address: (Yrs ____ Mnths ____)
 Suburb _____ Postal Code _____

Employment Details: (Yrs ____ Mnths ____)
 Name _____
 Address _____
 Suburb _____ Postal Code _____
 BusTelNo. (____) _____ Fax No. (____) _____
 Type of Industry _____ Employee No. _____
 EmpCont No. (____) _____ Occupation _____

Previous Employment Details: (Yrs ____ Mnths ____)
 Name _____
 Address _____
 Suburb _____ Postal Code _____
 EmpCont No. (____) _____ Occupation _____

Home Ownership:
 Do you own your Property? Y N
 (If Yes) In your name? In your Spouse's? Both?
 Property Type: House Townhouse Flat
 Erf Number _____ Suburb _____
 Bond/Rental Payment per month: R _____
 Bond Amount Outstanding: R _____
 Purchase Price R _____
 Current Value R _____
 If a flexi/access bond, total facility granted? R _____
 Bondholder Name _____

Know Your Client (KYC): Face to Face On-Site
 Face to Face Off-Site Remote-Other

Dealer Code _____
 Originating Branch _____ Input Branch _____
 Credit Provider Introducing Branch _____
Marketer's Code _____
 Marketers Name _____
 Marketer's ID No. _____ Fax No. (____) _____
 Lead Provider _____
 Lead Provider ID No. _____

Marital Details: S M D W No. of Dependents _____
 Date Married ____/____/____ (DD/MM/YY) ANC COP OTHER

Spouse's Details: First Name _____
 Surname _____ Income R _____
 Spouses ID No./ DOB _____

Spouse Employer Name: _____
Spouse Employers Address: _____
 Suburb _____ Postal Code _____

Relative's Details: (Nearest Relative in SA not living with you)
 Relationship _____ Relative's Tel No. (____) _____
 Surname _____
 First Name _____

Relative's Address: _____
 Suburb _____ Postal Code _____

Landlord's Details: (Name & Address of Landlord where goods will be kept)
Landlord's Name: _____
Landlord Address: _____
 Suburb _____ Postal Code _____

Banking Details:
Account Type: Cheque Savings Transmission
 Bank Name _____ Branch Code _____
 Account No. _____
 Account Holder Name _____
 (If appl) Overdraft Bal: R _____ Limit: R _____
 Credit Card Company _____
 Credit Card Number _____
 Cr.Facility Bal: Straight R _____ Budget R _____
 Cr.Facility Limit: Straight R _____ Budget R _____

Existing &/or a previous Account with this Credit Provider:
 Branch No. _____
 Account No. _____
 Account Name _____
 Instalment Amount per month R _____
 Number of Instalments _____
 Current? Paid up? To be settled?

Existing accounts with other Credit Provider?
 Name of Company _____
 Account No _____
 Instalment Amount per month - R _____
 Current? Paid up? To be settled?
 Name of Company _____
 Account No _____
 Instalment Amount per month - R _____
 Current? Paid up? To be settled?

Individual Applicant <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Surety/Co-Debtor <input type="checkbox"/> Transaction Details: Goods Description _____ Year Model _____ Salesman _____ Dealer Name _____ Dealer Tel No. (_____) _____ Scheme Code _____ Buyline Code _____ M&M Code _____ Period of Contract (Mnths) _____ Special Requirements _____ Balloon Payment _____% R _____ Residual Value _____% R _____ Purpose of Goods: Business <input type="checkbox"/> Private <input type="checkbox"/> Taxi <input type="checkbox"/> Commerce <input type="checkbox"/> Payment Frequency: Month <input type="checkbox"/> Bi-Ann <input type="checkbox"/> Quart <input type="checkbox"/> Annual <input type="checkbox"/> Payment Mode: Advance <input type="checkbox"/> Arrears <input type="checkbox"/> Cash <input type="checkbox"/> DebitOrder <input type="checkbox"/>	ID/Passport No. _____ Applicant's Income Details: Gross Remuneration R _____ Monthly Commission R _____ Car Allowance included in Gross R _____ Net Take-home Pay R _____ Income other than Salary/Wages R _____ Source of Income _____ Total Monthly Income R _____ Applicant'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 Expenses R _____ Applicant's Disposable Income R _____ Date Remuneration Received: ____/____/____ DD/MM/YY Are you currently liable as: Surety <input type="checkbox"/> Guarantor <input type="checkbox"/> Co-debtor <input type="checkbox"/> Specify Details: _____
Applicant's Financial Details: Proposed Rate _____% Fixed <input type="checkbox"/> Linked <input type="checkbox"/> Selling Price (VAT inclusive) R _____ Extras Description _____ R _____ _____ R _____ _____ R _____ Total of Extras R _____ Dealer VAPS Description _____ R _____ _____ R _____ _____ R _____ Delivery Fee R _____ Initial Fuelling Charges R _____ License and Registration Costs R _____ Initiation Fees to be financed? Y <input type="checkbox"/> N <input type="checkbox"/> Less Deposit /Initial Rental R _____ Source of Deposit _____ Total R _____	

Insurance-Bank VAPS	
InSale/Lease -Inside Act	Rental - Outside Act
Credit Life Monthly <input type="checkbox"/>	Credit Life Monthly <input type="checkbox"/> Term <input type="checkbox"/>
Cover Plus Monthly <input type="checkbox"/>	Cover Plus Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Term <input type="checkbox"/>
Extended Warranty Term <input type="checkbox"/>	Motor Comprehensive Monthly <input type="checkbox"/> Annual <input type="checkbox"/>
Other _____ <input type="checkbox"/>	Courtesy Car Monthly <input type="checkbox"/> Annual <input type="checkbox"/>
	Service & Maintenance Term <input type="checkbox"/>
	Extended Warranty Term <input type="checkbox"/>
	Other _____ <input type="checkbox"/>

Comprehensive Vehicle Insurance? Y N Policy No. _____ Monthly Annual
 Existing Ins. Co Name _____ Tel No. (_____) _____ Broker Name _____ Tel No. (_____) _____

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 would like to be included in any Telemarketing Campaign. Y N
 J. I would like to be included in any Marketing List that you may sell or distribute. Y N
 K. I would like to be included in any mass distribution of emails or SMS messages. Y N

I understand that I will be liable for a monthly service fee.
 I hereby consent to this Credit Provider making enquiries regarding my credit history with any credit bureau.
 I consent to this Credit Provider reporting the conclusion of any credit agreement with me to the National Loans Register in compliance with this Credit Provider's obligation under the National Credit Act.
 I hereby declare that the information provided by me is true and correct.

Signature of Applicant _____ Date _____