

Individual Application for Finance

<p>Applicant Type: Individual Applicant <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Surety/Co-Debtor <input type="checkbox"/> ID/Passport No. _____ Citizenship SA <input type="checkbox"/> Other <input type="checkbox"/> (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 appl) _____</p> <p>Transaction Type: Instalment Sale <input type="checkbox"/> Lease <input type="checkbox"/> Rental <input type="checkbox"/> LangPref: E <input type="checkbox"/> A <input type="checkbox"/> Other <input type="checkbox"/> EthnicGroup: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/></p> <p>Applicant's Details: Title _____ Initials _____ Surname _____ First Name _____ Middle Name _____ Gender M <input type="checkbox"/> F <input type="checkbox"/> Graduate? Y <input type="checkbox"/> N <input type="checkbox"/> 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 _____</p> <p>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 _____</p> <p>Home Ownership: Do you own your Property? Y <input type="checkbox"/> N <input type="checkbox"/> (If Yes) In your name? <input type="checkbox"/> In your Spouse's? <input type="checkbox"/> Both? <input type="checkbox"/> Property Type: House <input type="checkbox"/> Townhouse <input type="checkbox"/> Flat <input type="checkbox"/> 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 _____</p> <p>Know Your Client (KYC): Face to Face On-Site <input type="checkbox"/> Face to Face Off-Site <input type="checkbox"/> Remote-Other <input type="checkbox"/></p>	<p>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. _____</p> <p>Marital Details: S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> No. of Dependants _____ Date Married ____/____/____ (DD/MM/YY) ANC <input type="checkbox"/> COP <input type="checkbox"/> OTHER <input type="checkbox"/> 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 _____</p> <p>Banking Details: Account Type: Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/> 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 _____</p> <p>Existing &/or a previous Account with this Credit Provider: Branch No. _____ Account No. _____ Account Name _____ Instalment Amount per month R _____ Number of Instalments _____ Current? <input type="checkbox"/> Paid up? <input type="checkbox"/> To be settled? <input type="checkbox"/></p> <p>Existing accounts with other Credit Provider? Name of Company _____ Account No _____ Instalment Amount per month - R _____ Current? <input type="checkbox"/> Paid up? <input type="checkbox"/> To be settled? <input type="checkbox"/> Name of Company _____ Account No _____ Instalment Amount per month - R _____ Current? <input type="checkbox"/> Paid up? <input type="checkbox"/> To be settled? <input type="checkbox"/></p>
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Individual Applicant <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Surety/Co-Debtor <input type="checkbox"/>		ID/Passport No. _____
Transaction Details: Goods Description _____		Applicant's Income Details:
Year Model _____ Salesman _____	Dealer Name _____ Dealer Tel No. (____)	Gross Remuneration _____ R
Scheme Code _____ Buyline Code _____	M&M Code _____ Period of Contract (Mnths) _____	Monthly Commission _____ R
Special Requirements _____	Balloon Payment _____ % R _____	Car Allowance included in Gross _____ R
Residual Value _____ % R _____	Purpose of Goods: Business <input type="checkbox"/> Private <input type="checkbox"/> Taxi <input type="checkbox"/> Commerce <input type="checkbox"/>	Net Take-home Pay _____ R
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"/>	Income other than Salary/Wages _____ R
Applicant's Financial Details:	Proposed Rate _____ % Fixed <input type="checkbox"/> Linked <input type="checkbox"/>	Source of Income _____
Selling Price (VAT inclusive) _____ R	Extras Description _____ R	Total Monthly Income _____ R
_____ R	_____ R	Applicant's Expenses per month:
_____ R	_____ R	Bond Payment / Rent _____ R
Total of Extras _____ R	_____ R	Rates, Water and Electricity _____ R
Dealer VAPS Description _____ R	_____ R	Vehicle Instalments (excluding those to be settled) _____ R
_____ R	_____ R	Personal Loan Repayments _____ R
Delivery Fee _____ R	_____ R	Credit Card Repayments _____ R
Initial Fuelling Charges _____ R	_____ R	Furniture Accounts _____ R
License and Registration Costs _____ R	_____ R	Clothing Accounts _____ R
Initiation Fees to be financed? Y <input type="checkbox"/> N <input type="checkbox"/>	_____ R	Overdraft Repayments _____ R
Less Deposit /Initial Rental _____ R	_____ R	Policy/ Insurance Repayments _____ R
Source of Deposit _____ R	_____ R	Telephone Payment _____ R
Total _____ R	_____ 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: _____

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 _____