

Finance Application

ClientNo
Application Number
Application Date

Individual Applicant Sole Proprietor Surety/Co-Debtor

ID Number

Do you require information on insurance? Yes No

Use Block Letters **Tick Appropriate Boxes**

A. Vehicle	Instalment Sale <input type="checkbox"/> Lease <input type="checkbox"/> Mobility Plan <input type="checkbox"/> Other <input type="checkbox"/>	Goods Description
	Year of Reg <input type="text"/>	New <input type="checkbox"/> Used <input type="checkbox"/> M&M Code
	For used cars only AUC Yes <input type="checkbox"/> No <input type="checkbox"/>	Cash Price R Motorplan R
	Mileage <input type="text"/> km	Extras Amount R Accessories R
	Motor plan up to <input type="text"/> km	Initial Payment Deposit R Source of Deposit
	Dealer <input type="text"/>	Balloon payment / Residual R Credit Life/TopUp R
	Dealer Tel No (<input type="text"/>)	Delivery fee R Initial Fuelling Charges R
	Sales Person <input type="text"/>	Payment R License and Registration Costs R
	Contact No <input type="text"/>	Less Deposit / Initial Rental R Other R
	Fax/Email <input type="text"/>	Extras Description
	Special Requirements <input type="text"/>	
	Purpose of goods Business <input type="checkbox"/> Private <input type="checkbox"/>	Total of Extras R
	Debit Order Date <input type="text"/>	Dealer VAPS Description
	Rate <input type="text"/>	
	Period <input type="text"/>	Dealer VAPS Total R
Initiation Fees to be financed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Total R	

B. Personal	Date of Birth <input type="text"/>	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Graduate? Y <input type="checkbox"/> N <input type="checkbox"/>
	Title <input type="text"/>	Surname <input type="text"/>	Spouse name <input type="text"/>
	Names <input type="text"/>	No. of Depend. <input type="text"/>	Spouse ID <input type="text"/>
	Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated* <input type="checkbox"/> Widowed <input type="checkbox"/>	Verification of marital status: Client Signature	
	Contract ANC <input type="checkbox"/> COP* <input type="checkbox"/> Outside SA* <input type="checkbox"/> Tribal Law* <input type="checkbox"/>	*Spouse's consent <input checked="" type="checkbox"/>	
	Date Married <input type="text"/>	Nationality South African <input type="checkbox"/> Other <input type="checkbox"/>	Country of Residence <input type="text"/>
	Permit Type <input type="text"/>	Permit No <input type="text"/>	Permit Exp Date <input type="text"/>
	Trading as/ Name <input type="text"/>	Tax no <input type="text"/>	Vat No <input type="text"/>

C. Residential	Present Address <input type="text"/>	Previous Address <input type="text"/>	Postal Address <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Code <input type="text"/>	Code <input type="text"/>	Code <input type="text"/>
	Period at Address Y <input type="text"/> M <input type="text"/>	Period at Address Y <input type="text"/> M <input type="text"/>	Cell No <input type="text"/>
	Home No (<input type="text"/>) <input type="text"/>	Email Address <input type="text"/>	
	Type of House House <input type="checkbox"/> Flat <input type="checkbox"/> Townhouse <input type="checkbox"/> Farm <input type="checkbox"/> Plot <input type="checkbox"/> Caravan/Mobile home <input type="checkbox"/> Boarding house/Hostel/Hotel <input type="checkbox"/>		
	Residential Status Owner <input type="checkbox"/> Renter <input type="checkbox"/> Living with family <input type="checkbox"/> Other <input type="checkbox"/>	Next of Kin Not living with you <input type="text"/>	
	Registered Owner Self <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/>	Address in SA <input type="text"/>	
	Home Status Bonded <input type="checkbox"/> Bond-free <input type="checkbox"/> Leased <input type="checkbox"/>		
	Year Purchased <input type="text"/>	Current Value R <input type="text"/>	Code <input type="text"/>
	Purchase Price R <input type="text"/>	Balance Owing R <input type="text"/>	Phone No (<input type="text"/>) <input type="text"/>
Rent / Bond Payment R <input type="text"/>	Erf Number <input type="text"/>	Relationship <input type="text"/>	
Bondholder Name <input type="text"/>	If a flexi/access bond, total facility granted? R <input type="text"/>		

D. Employment	Present Employer <input type="text"/>	Previous Employer <input type="text"/>	Spouse Employer <input type="text"/>
	Address <input type="text"/>	Address <input type="text"/>	Address <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Code <input type="text"/>	Code <input type="text"/>
	Code <input type="text"/>	Time with Employer Y <input type="text"/> M <input type="text"/>	Time with Employer Y <input type="text"/> M <input type="text"/>
	Time with Employer Y <input type="text"/> M <input type="text"/>	Occupation <input type="text"/>	Industry <input type="text"/>
	Phone (<input type="text"/>) <input type="text"/>	Employed Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/>	
	Basic Salary R <input type="text"/>	Spouse Salary R <input type="text"/>	Pay Day <input type="text"/>
	Car Allowance R <input type="text"/>	Additional Income R <input type="text"/>	Regular Monthly Expenses R <input type="text"/>
	Commission R <input type="text"/>	Source of Add Income R <input type="text"/>	

Initial

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E. Banking	Bank (for Debit Order)	Account Type	Account Number
	Branch Name	Branch Code	Income Tax Number
	Account Holder Name	(if appl) Overdraft Bal: R	Limit R
	Nr of Credit Card(s)	Cr. Facility Bal: Staight R	Budget R
		Cr. Facility Limit: Staight R	Budget R
	Finance Account Number (1)	<input type="text"/>	To Settle Yes <input type="checkbox"/> No <input type="checkbox"/>
	Finance Account Number (2)	<input type="text"/>	To Settle Yes <input type="checkbox"/> No <input type="checkbox"/>
	Other Bank	To Settle Yes <input type="checkbox"/> No <input type="checkbox"/>	Present Balance R
	Bank	Account Type	Account Number
	Branch Name	Branch Code	

F. Income	Income per month:	Household Expenses per month:
	Gross Remuneration R	Bond Payment/Rent R Rates, Water and Electricity R
	Monthly Commission (3 month avg) R	Vehicle Instalments (excluding those to be settled) R Personal Loan Repayments R
	Car Allowance included in Gross R	Credit Card Repayments R Furniture Accounts R
	Net Take-home Pay R	Clothing Accounts R Overdraft Repayments R
	Income other than Salary/Wages R	Policy/Insurance Repayments R Telephone Payment R
	Source of income	Transport Costs R Food and Entertainment R
		Education Costs R Maintenance R
		Household Expenses R Other R
	Total Monthly Income R	Total Monthly Expenses R
Applicant's Disposable Income R		
Date Remuneration Received: <input type="text"/>		
Are you currently liable as: Surety <input type="checkbox"/> Guarantor <input type="checkbox"/> Co-debtor <input type="checkbox"/>	Specify Details: <input type="text"/>	

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/s 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: _____

We will not disclose any personal information to any unauthorised party.

- 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 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 _____