

APPLICATION FOR INSTALMENT FINANCE-PG1

GOODS DESCRIPTION	NEW 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DEALER/BRANCH				TEL NO.	
CONTACT PERSON		SALES PERSON		FAX NO.	
CASH PRICE (VAT INCL.)		VARIABLE EXTRAS (VAT INCL.)		<input type="checkbox"/> INSTALMENT <input type="checkbox"/> LEASE	
ADD COVER		RADIO /CD		TERM	
LICENCE/REG		NUMBER PLATES		RATE	
CREDIT LIFE		WARRANTY		<input type="checkbox"/> ADVANCE <input type="checkbox"/> ARREARS	
DEPOSIT/TRADE IN		OTHER		RESIDUAL	
FINANCE 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					PERIOD
TEL(H)	TEL(W)	CELL	FAX	EMAIL	
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 R	
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	
NEDBANK CLIENT		BRANCH	ACCOUNT NO.	INSTALMENTS	PAID UP/CURRENT/TO BE SETTLED
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 EXPLANATORY VERSION)		<input type="checkbox"/> OTHER:	

APPLICATION FOR INSTALMENT FINANCE-PG2

APPLICANT INITIALS _____ SURNAME _____

ID NO. _____

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

SOURCE OF OTHER INCOME** _____

TOTAL MONTHLY HOUSEHOLD INCOME (NET SALARY & OTHER) R _____

HOUSEHOLD 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 SURETY GUARANTOR CO-DEBTOR

SPECIFY DETAILS _____

IF YOU HAVE SIGNED SURETY OR CO-DEBTOR PLEASE INDICATE THE FULL AMOUNT OUTSTANDING _____

PLEASE TICK YOUR PREFERRED METHOD OF COMMUNICATION ALL EMAIL POST TELEPHONE SMS

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.

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 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 _____