

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. _____ Permit Exp Date ____/____/____ 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
Lang Pref: E A Other **Ethnic Group:** 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. _____
 Home Tel No. (____) _____ 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 _____
 Bus Tel No. (____) _____ Fax No. (____) _____
 Type of Industry _____ Employee No. _____
 Emp Cont No. (____) _____ Occupation _____
Previous Employment Details: (Yrs ____ Mnths ____)
 Name _____
 Address _____
 Suburb _____ Postal Code _____
 Emp Cont 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 _____
 Marketers ID No. _____ Fax No. (____) _____
 Lead Provider _____
 Lead Provider ID No. _____

Marital Details: S M D W No. of Dependants _____
 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 _____

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 appli) 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 Sole Proprietor Surety/Co-Debtor ID/Passport No. _____

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 Private Taxi Commerce
Payment Frequency: Month Bi-Ann Quart Annual
Payment Mode: Advance Arrears Cash DebitOrder

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 Guarantor Co-debtor
 Specify Details: _____

Applicant's Financial Details:
 Proposed Rate _____ % Fixed Linked
 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 N
 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"/>	Service & Maintenance 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"/>	
Extended Warranty Term <input type="checkbox"/>	Motor Comprehensive Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Other _____ <input type="checkbox"/>	
Other _____ <input type="checkbox"/>	Courtesy Car Monthly <input type="checkbox"/> Annual <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 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 _____