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Business Manager: _____
E-mail: _____
Fax number: _____

<i>PERSONAL DETAILS</i>			
Surname		Title	
First Name(s)			
ID number	No. of dependants	Gender male <input type="checkbox"/> female <input type="checkbox"/>	
Home no	Cell no	Work no	
E-mail address			
Non-SA Citizen:	Passport number	Date of birth	
	Country of origin	Expiry date of permit	
	Permit type		
Qualification :	School leaver <input type="checkbox"/>	Diploma <input type="checkbox"/>	Degree <input type="checkbox"/> Doctorate / Honours <input type="checkbox"/>
Marital status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
	Date of marriage		Type ANC <input type="checkbox"/> COP <input type="checkbox"/>
	Spouse name		Spouse ID
Residential address			
			Period
Postal address			
<u>Property</u>	Bond payment per month		
Home owner <input type="checkbox"/>	Purchase price		
Tenant <input type="checkbox"/>	Outstanding bond value		
Employer residence <input type="checkbox"/>	Current value of property		
Reside with parent <input type="checkbox"/>	Bank with which bond is held		

<i>EMPLOYMENT DETAILS</i>		
Employer's name		
Residential work address		
		Period
Occupation / Position	HR contact tel no.	

<i>BANKING DETAILS</i>		
Bank name		
Account holder		
Account number	Account type	Savings <input type="checkbox"/> Cheque <input type="checkbox"/>

<i>NEXT OF KIN (someone who does not reside with you)</i>	
Name	Surname
Phone no	Relationship
Address	

MONTHLY INCOME DETAILS

Monthly basic salary before deductions	R
Car allowance	R
Overtime, shift allowance, other	R
Commission	R
Monthly nett take home pay	R
Other source of income (rent, trust income etc)	R
Source of other income	

MONTHLY EXPENSES (applicant only)

Bond payment / rent	R	Policy / Insurance repayments	R
Rates, water, electricity	R	Groceries / food / entertainment	R
Vehicle instalments (excluding those to be settled)	R	Telephone/Cell phone payments	R
Personal loan repayments	R	Education / schooling costs	R
Credit card repayments	R	Maintenance	R
Furniture accounts	R	Household expenses	R
Clothing accounts	R	Transport costs	R
Overdraft repayments	R	Other	R
Medical aid	R	UIF	R
Pension	R	Tax	R
TOTAL EXPENSES	R		
APPLICANTS DISPOSABLE INCOME	R		

Are you liable as Surety Guarantor Co-debtor

Specify details of liability

VEHICLE TO BE SETTLED

Financial institution where vehicle is financed	
Outstanding capital balance / settlement amount	R
Current monthly instalment	R

VEHICLE DETAILS

Goods description		
Year model	M&M code	Sales executive
Deal structure:	Contract period (months)	Balloon / residual payment
		Other

PRICING OF VEHICLE (including VAT)			
Selling price		Dealer VAP	
Extras		Dealer VAP	
Extras		Dealer VAP	
Extras		Dealer VAP	
Extras		Service and Delivery	
LESS: Deposit	(R)		
TOTAL VEHICLE PRICE			
State source of deposit			

I confirm that:

- (a) I am not a minor.
- (b) A court has never declared me mentally unfit.
- (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 the above is incorrect, state which and give details. _____

I would like to be included in any Telemarketing Campaign Y/N

I would like to be included in any Marketing List that you may sell or distribute Y/N

I would like to be included in any mass distribution of e-mails 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
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