

APPLICATION FOR INSTALMENT FINANCE-PG1



GOODS DESCRIPTION	NEW USED	MODEL	MAKE	M&M CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
DEALER/SUPPLIER Auto Sport				TEL NO. 011 789-2032 / 1699								
F&I CONTACT PERSON			SALES PERSON			FAX NO. 011 789-2385						
CASH PRICE VAT INCL.			VARIABLE EXTRAS VAT INCL.			<input type="checkbox"/> INSTALMENT		<input type="checkbox"/> LEASE		<input type="checkbox"/> RENTAL		<input type="checkbox"/> OTHER
ADD COVER			RADIO/TAPE		TERM							
LICENCE/REG			NUMBER PLATES		RATE							
CREDIT LIFE			WARRANTY		<input type="checkbox"/> ADVANCE		<input type="checkbox"/> ARREARS					
DEPOSIT/TRADE IN			OTHER		RESIDUAL							
FINANCABLE 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	DATE MARRIED					
HOME ADDRESS						PERIOD						
TEL(H)		TEL(W)		CELL		FAX		E-MAIL				
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					
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									
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 AN EXPLANATORY VERSION)										
	<input type="checkbox"/> ZULU (FOR AN EXPLANATORY VERSION)	<input type="checkbox"/> SOTHO (FOR AN EXPLANATORY VERSION)										

Signature _____ Date _____

APPLICATION FOR INSTALMENT FINANCE-PG2

APPLICANT INITIALS:		SURNAME:	
ID NR:			

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
SOURCES OF OTHER INCOME**		
TOTAL MONTHLY HOUSEHOLD INCOME (NET SALARY & OTHER)	R	

HOUSEHOLD'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 HOUSEHOLD EXPENSES	R		
HOUSEHOLD SURPLUS/DISPOSABLE INCOME	R		
ARE YOU CURRENTLY LIABLE AS:	<input type="checkbox"/> SURETY	<input type="checkbox"/> GUARANTOR	<input type="checkbox"/> CO-DEBTOR
SPECIFY DETAILS:			
IF YOU HAVE SIGNED SURETY OR CO-DEBTOR PLEASE INDICATE THE FULL AMOUNT OUTSTANDING	R		

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 give details: _____

Declaration by Client:	Y	N
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.	<input type="checkbox"/>	<input type="checkbox"/>
I hereby grant the Credit Provider the right to increase my Credit Limit once every year to accommodate any Value Added Products needed and requested by me.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

I hereby declare that all of the above information is true and correct.

Signature _____ Date _____