

APPLICATION FOR FINANCE

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"/>
DEALER/BRANCH								TEL NO.				
CONTACT PERSON				SALES PERSON				FAX NO.				
CASH PRICE (VAT INCL.)				VATABLE 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
DATE MARRIED												
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				
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:						

Signature _____ Date _____

APPLICATION FOR FINANCE

APPLICANT INITIALS		SURNAME	
ID NO.			
PERSONAL APPLICATION FORM			
SALARY DETAILS		OWN	SPOUSE
BASIC MONTHLY (EXCL CAR ALLOWANCE)	R	R	R
CAR ALLOWANCE	R	R	R
TOTAL SALARY (BASIC & CAR ALLOWANCE)	R	R	R
MONTHLY COMMISSION	R	R	R
NET TAKE HOME PAY	R	R	R
INCOME OTHER THAN SALARY/WAGES**	R	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 <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			
PLEASE TICK YOUR PREFERRED METHOD OF COMMUNICATION <input type="checkbox"/> ALL <input type="checkbox"/> EMAIL <input type="checkbox"/> POST <input type="checkbox"/> TELEPHONE <input type="checkbox"/> 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 of 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 _____