

APPLICATION FORM BUSINESS PARTICULARS

GOODS DESCRIPTION	NEW	MODEL	MAKE
	USED		
DEALER / SUPPLIER			TELEPHONE
F & I CONTACT PERSON		SALES PERSON	FAX
CASH PRICE (VAT INCL) R	VARIABLE EXTRAS (VAT INCL)		LANGUAGE <input type="checkbox"/> ENG <input type="checkbox"/> AFR
ADD COVER R	RADIO / TAPE R	<input type="checkbox"/> INSTALMENT	
LICENCE / REG R	NUMBER PLATE R	<input type="checkbox"/> LEASE	
CREDIT LIFE R	WARRANTY R	<input type="checkbox"/> RENTAL	
DEPOSIT / TRADE IN R	OTHER R	<input type="checkbox"/> OTHER	
FINANCABLE AMOUNT R	OTHER R		
TERM	RATE	<input type="checkbox"/> ADVANCE <input type="checkbox"/> ARREARS	RESIDUAL <input type="checkbox"/> INSTALMENT

BUSINESS DETAILS				
TRADING ENTITY	<input type="checkbox"/> SOLE PROPRIETOR / PARTNERSHIP	<input type="checkbox"/> CLOSE CORPORATION	<input type="checkbox"/> COMPANY	<input type="checkbox"/> TRUST
TURNOVER IN EXCESS OF R1 MILLION PER YEAR	<input type="checkbox"/> YES R	<input type="checkbox"/> NO		
ASSETS VALUE IN EXCESS OF R1 MILLION	<input type="checkbox"/> YES R	<input type="checkbox"/> NO		
BUSINESS NAME				
REGISTRATION NUMBER				
MAIN BUSINESS ACTIVITY				
BUSINESS ADDRESS				CODE
POSTAL ADDRESS				CODE
TELEPHONE NUMBER	EMAIL ADDRESS			
BUSINESS FAX	NO. OF YEARS IN BUSINESS			
OWNED PREMISES	<input type="checkbox"/> YES <input type="checkbox"/> NO	BOND OUTSTANDING		

BANKING DETAILS			
BUSINESS BANKERS			
TYPE OF ACCOUNT	<input type="checkbox"/> CHEQUE <input type="checkbox"/> TRANSMISSION	ACCOUNT NUMBER	BRANCH CODE

LIST OF DIRECTORS / MEMBERS / TRUSTEES / PARTNERS*	
FULL NAMES	LENGTH OF 'DIRECTORSHIP' - YEARS
SURNAME	ID NUMBER
FULL NAMES	LENGTH OF 'DIRECTORSHIP' - YEARS
SURNAME	ID NUMBER
FULL NAMES	LENGTH OF 'DIRECTORSHIP' - YEARS
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SURNAME	ID NUMBER
FULL NAMES	LENGTH OF 'DIRECTORSHIP' - YEARS
SURNAME	ID NUMBER

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: SURETY GUARANTOR 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 _____