

Insert Company LOGO

Fax Number	
Email Address	

Individual Application

Individual Applicant Sole Proprietor Surety/Co-Debtor
 Instalment Sale Lease Rental
 Surety ID (if applicable)
 New Used

Personal Details																		
Surname										Dealer Code								
First Name										Originating Branch								
Middle Name/s										Input Branch								
ID/Passport					Tax No.					Marketer								
New ID					VAT No.					Marketer's ID								
Citizenship SA			Other		Home No					Lead Provider								
Title			Initials							Lead Provider ID								
Permit No.					Cell No					Tenant								
Permit Type					Email					Lodger								
Expiry date					Gender M		F		Married		Divorced		Single		Widowed			
Issued Date					Graduate? Y		N		Date Married			ANC		COP		Other		
Country of Issue					Trading as													
Country of Res.					Language E		A		Other		Ethnic Group A		B		C		W	
Home Address										Period Y		M						
Postal Address										Postal								
Previous Address										Period Y		M						
Employment Details																		
Employer's Name							Phone				Cont. No							
Address										Postal								
Industry Type					Employee No.				Occupation				Period Y		M			
Previous Employer							Phone				Cont. No							
Address										Postal								
Industry Type					Employee No.				Occupation				Period Y		M			
Spouse's Details																		
Spouse Name							Surname											
ID Number							DOB											
Employer							Address											
Relative's Details																		
Relationship				Phone				Surname				First Name						
Address										Postal								
Home Ownership																		
Own Property? Y		N		In your Name?			In Your Spouse's?			Both?		House		Townhouse		Flat		
Bond/Rental PM R				Purchase Price R				If Flexi/Access Bond, Total Facility R										
Bond Outstanding R				Current Val. R				Erf No.										
Bond Holder Name																		

Banking Details										
Account Type	Cheque		Savings		Transmission					
Branch Code					Bank Name					
Account Holders Name						Account No.				
Overdraft		R		Overdraft Limit		R				
Credit Card Coy.		R		Credit Card No.		R				
Cr Facility Bal Straight R		R		Cr Budget		R				
Cr Facility Limit Straight R		R		Cr Limit Budget		R				
Existing and/or a previous Account with this Credit Provider										
Branch No	Account No.			Current		Paid Up		To be Settled		
Account Name										
Instalment Amount PM			Number of Instalments							
Existing accounts with other Credit Provider										
Company Name		Account No.		Monthly Instalment	Current	Paid Up	To be Settled			
				R						
				R						
Landlord's Details (Where the goods will be kept)										
Name		Address						Postal		
Income Details										
Spouses Income				R						
Basic Salary				R						
+ Car Allowance				R						
+ Income Other than Salary, overtime, Shift allowance etc.				R						
+ Monthly Commission				R						
Total Monthly Income				R						
Net Take Home Pay				R						
Other Source of Income - trusts, maintenance, Rent				R						
Please Specify										
Total Household Expenses										
Bond Payment/Rent		R		Policy/Insurance Repayments			R			
Rates, Water, Electricity		R		Telephone Payment			R			
Vehicle Instalments (Excluding those to be settled)		R		Transport Costs			R			
Personal Loan Repayments		R		Food and Entertainment			R			
Credit Card Repayments		R		Education Costs			R			
Furniture Accounts		R		Maintenance			R			
Clothing Accounts		R		Household Expenses			R			
Overdraft Repayments		R		UIF			R			
Medical Aid		R		Total Tax			R			
Pension		R		Other						
Total Monthly Expenses		R		Salary Date			Payment Date			
Applicants Disposable Income		R		Are you liable as:		Surety		Guarantor		Co-Debtor
Specify Details of liability										

Insurance-Bank VAPS Instalment Sale/Lease Inside the NCA											
Credit Life	Monthly										
Cover Plus	Monthly										
Extended Warranty	Term										
Other											
Insurance-Bank VAPS Rental – Outside the NCA											
Credit Life	Monthly		Term	Service & Maintenance	Term						
Cover Plus	Monthly	Annual	Term	Extended Warranty	Term						
Motor Comprehensive	Monthly	Annual									
Other											
Comprehensive Vehicle Insurance											
Insurance Company Name								Phone			
Policy No.								Monthly		Annual	
Broker Name								Phone			
Transaction Details											
Goods Description											
Year Model		M&M Code				Dealer Name					
Scheme Code		Buy line Code				Dealer Phone					
Purpose of Goods Business		Private		Taxi		Commerce		Salesman			
Contract Period (Mths)		Payment Frequency (Mths)				Bi-annual		Quarterly		Monthly	
Payment Mode Advance		Arrears		Cash		Debit Order		Special Requirements			
Balloon Payment	%	Balloon Payment			R	Odometer Km's					
Residual Value	%	Residual Payment			R	Initiation Fees to be Financed			Y		N
Proposed Rate	%	Fixed		Linked		Dealer VAPs				R	
Selling Price (VAT Inclusive)		R				Dealer VAPs				R	
Extras		R				Delivery Fee				R	
Extras		R				Initial Fuelling Charges				R	
Extras		R				Licence and Registration Costs				R	
Extras		R				Less Deposit / Initial Rental				R	
Total Extras		R				Grand Total				R	
Source of Deposit											
Know Your Customer											
Face to Face on-Site		Face to Face Off-Site				Remote Other					

I confirm that:

- I am not a minor. -
- A court has never declared me mentally unfit.
- I am not subject to an Administration Order.
- I do not have any current application pending for debt restructuring or alleviation.
- I do not have any current debt re-arrangement in existence.
- I have not previously applied for a debt re-arrangement.
- I am not under sequestration.
- 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 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 emails 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