

Juristic Application for Finance

Type of Entity:

Co CC Partnership Trust Club/Church Other

If Trust, no. Trustees _____ Any Trustee a juristic person? Y N

% Black owned _____ Co/CC/Trust Reg.No. _____

Co/CC/Trust Name (Reg. Name) _____

Trading Name _____

Tax No. _____ VAT No. _____

Holding Company Registration Number _____

Holding Company Name _____

Address: (Yrs Mnths) _____

Suburb _____ Postal Code _____

Postal Address: (If Different from Residential) _____

Suburb _____ Postal Code _____

Landlord's Details: (Name & Address of Landlord if not owner of property)

Landlord's Name: _____

Landlord Address: _____

Suburb _____ Postal Code _____

Banking Details: Bankers Name _____

Branch _____ Branch Code _____

A/C No _____

Name of Auditors/Bookkeepers _____

Auditor's Contact Person Tel No. () _____

Ann. Turnover: R _____ Net Asset val: R _____

Previous or Current Amounts owing to Financial Institutions:

Name	Account No.	Instal. Amount	Bal. Owing

Description of other Property registered in Company Name:

Stand No. _____ Suburb _____

Bondholder Name _____

Bondholder Address _____

Purchase Price R _____ Date of Purchase / / _____

Present Value R _____ Outst. Value-bond R. _____

Financial Details:

Selling Price (VAT inclusive) R _____

Extras Description _____ R _____

_____ R _____

_____ R _____

Total of Extras Dealer VAPS Description R _____

Sub Total _____ R _____

_____ R _____

_____ R _____

Less Deposit /Initial Rental R _____

Principal Debt R _____

Trade Price R _____ Retail Price R _____

Residual/ Balloon Value R _____

Initiation/ Processing Fees to be financed? Y N

Dealer Code _____ Orig. Branch _____

Input Branch _____ Cr.Prov.Intr Brn _____

Marketer's Code _____ Name _____

Marketer's ID No. _____ Fax No. () _____

LeadProv _____ ID No. _____

BuyLne: _____ Acc No: _____ SIC: _____

Language of Choice: English Afrikaans Other

Registered Office Address _____

No. years in business _____ Nature of Business _____
Tel No. () _____ Fax No. () _____
E-mail Address _____

Authorised Signatories as per resolution

Name	ID No.	Designation

Indicate if prepared to guarantee facility/deal

FULL Names & ID No. of all Directors/Members/Partners/Trustees

Name	ID No	*Yes/No	%Share

Foreign Controlled? Y N Percentage? _____ %
Contact Person _____
Designation _____

Transaction Type:
Instalment Sale Lease Rental Term Loan
Period _____ Months _____
NACM Rate (what are we going to use) _____ %
Do you require a Fuel & Maintenance Facility? Y N

Transaction Details:

Supplier/Dealer Name _____
Dealer Tel No. () _____
Contact Name _____
Tel No. () _____
Goods Description _____

Insurance-Bank VAPS Inside Act	Health Credit	Outside Act
Health Credit Monthly <input type="checkbox"/> Cover Plus Monthly <input type="checkbox"/> Extended Warranty Term <input type="checkbox"/> Other _____ <input type="checkbox"/>	Cover Plus Monthly <input type="checkbox"/> Motor Comprehensive Monthly <input type="checkbox"/>	Service & Maintenance Term <input type="checkbox"/> Extended Warranty Term <input type="checkbox"/> Other _____ <input type="checkbox"/>

Insured's own Insurance Y N Policy No. _____ Monthly Annual
Existing Ins. Co Name _____ Tel No. () _____ Broker Name _____ Tel No. () _____
Renewal Date _____ / _____ / _____ DD/MM/YY

Individual Applicant Sole Proprietor Surety/Co-Debtor

Transaction Details: Goods Description _____

Year Model _____ Salesman _____

Dealer Name _____ Dealer Tel No. (_____) _____

Scheme Code _____ Buyline Code _____

M&M Code _____ Period of Contract (Mnths) _____

Special Requirements _____

Balloon Payment _____% R _____

Residual Value _____% R _____

Purpose of Goods: Business Private Taxi Commerce

Payment Frequency: Month Bi-Ann Quart Annual

Payment Mode: Advance Arrears Cash DebitOrder

Applicant's Financial Details

Proposed Rate _____% Fixed Linked

Selling Price (VAT inclusive) R _____

Extras Description _____ R _____

_____ R _____

_____ R _____

_____ R _____

Total of Extras R _____

Dealer VAPS Description _____ R _____

_____ R _____

_____ R _____

Delivery Fee R _____

Initial Fuelling Charges R _____

License and Registration Costs R _____

Initiation Fees to be financed? Y N

Less Deposit /Initial Rental R _____

Source of Deposit _____

Total R _____

ID/Passport No. _____

Applicant's Income Details:

Gross Remuneration R _____

Monthly Commission R _____

Car Allowance included in Gross R _____

Net Take-home Pay R _____

Income other than Salary/Wages R _____

Source of Income _____

Total Monthly Income R _____

Applicant'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 Expenses R _____

Applicant's Disposable Income R _____

Date Remuneration Received: ____/____/____ DD/MM/YY

Are you currently liable as: Surety Guarantor Co-debtor

Specify Details: _____

I/We the undersigned hereby authorise this Credit Provider to contact my/our Bankers and/or auditors and I/we authorise my/our bankers/auditors to disclose to this Credit Provider, details and copies of my/our accounts and financial statements.

I/We the undersigned hereby consent to this Credit Provider making enquiries regarding my/our credit history with any credit bureau.

The Bankers/ Auditors may disclose confidential information regarding my/our accounts and financial position to this Credit Provider and provide them with copies of my/our financial statements.

I/We do not have applications pending for credit, nor open quotations as envisaged in section 92 of the National Credit Act.

I/We confirm herewith that I/we are duly authorized to consent to the above.

SIGNATURE _____ NAME _____ DESIGNATION _____ DATE _____

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 would like to be included in any Telemarketing Campaign. | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| J. | I would like to be included in any Marketing List that you may sell or distribute. | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| K. | I would like to be included in any mass distribution of emails or SMS messages. | Y <input type="checkbox"/> | N <input type="checkbox"/> |

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 _____