

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 Plus Motors						TEL NO.	(012) 335-9189							
F&I CONTACT PERSON						SALES PERSON						FAX NO.	(012) 335-6816		
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: 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:

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. Y N

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.

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

Signature _____ Date _____