

**Applicant Type:**

Individual Applicant  Sole Proprietor  Surety/Co-Debtor   
 ID/Passport No. \_\_\_\_\_  
 Citizenship SA  Other  (If not SA resident, state country of Residence)  
 Country of Residence \_\_\_\_\_ Permit Type \_\_\_\_\_  
 Permit No. \_\_\_\_\_ PermitExpDate \_\_\_\_/\_\_\_\_/\_\_\_\_ DD/MM/YY  
 Country Issued \_\_\_\_\_  
 Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_ DD/MM/YY Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_ DD/MM/YY  
 Surety ID No. (If appli) \_\_\_\_\_

**Transaction Type:** Instalment Sale  Lease  Rental   
**LangPref:** E  A  Other  **EthnicGroup:** A  B  C  W

**Applicant's Details:**

Title \_\_\_\_\_ Initials \_\_\_\_\_  
 Surname \_\_\_\_\_  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Gender M  F  Graduate? Y  N   
 Trading as/ Name \_\_\_\_\_  
 Tax No. \_\_\_\_\_ VAT No. \_\_\_\_\_  
 HomeTelNo. (\_\_\_\_) \_\_\_\_\_ Cell No. \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**Home Address:** (Yrs\_\_\_\_Mnths\_\_\_\_) \_\_\_\_\_  
 Suburb \_\_\_\_\_ Postal Code \_\_\_\_\_  
**Postal Address:**(If Different from Residential) \_\_\_\_\_  
 Suburb \_\_\_\_\_ Postal Code \_\_\_\_\_  
**Previous Home Address:**(Yrs\_\_\_\_Mnths\_\_\_\_) \_\_\_\_\_  
 Suburb \_\_\_\_\_ Postal Code \_\_\_\_\_

**Employment Details:** (Yrs\_\_\_\_Mnths\_\_\_\_)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Suburb \_\_\_\_\_ Postal Code \_\_\_\_\_  
 BusTelNo.(\_\_\_\_) \_\_\_\_\_ Fax No.(\_\_\_\_) \_\_\_\_\_  
 Type of Industry \_\_\_\_\_ Employee No. \_\_\_\_\_  
 EmpCont No.(\_\_\_\_) \_\_\_\_\_ Occupation \_\_\_\_\_  
**Previous Employment Details:**(Yrs\_\_\_\_Mnths\_\_\_\_)  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Suburb \_\_\_\_\_ Postal Code \_\_\_\_\_  
 EmpCont No. (\_\_\_\_) \_\_\_\_\_ Occupation \_\_\_\_\_

**Home Ownership:**

Do you own your Property? Y  N   
 (If Yes) In your name?  In your Spouse's?  Both?   
 Property Type: House  Townhouse  Flat   
 Erf Number \_\_\_\_\_ Suburb \_\_\_\_\_  
 Bond/Rental Payment per month: R \_\_\_\_\_  
 Bond Amount Outstanding: R \_\_\_\_\_  
 Purchase Price R \_\_\_\_\_  
 Current Value R \_\_\_\_\_  
 If a flexi/access bond, total facility granted? R \_\_\_\_\_  
 Bondholder Name \_\_\_\_\_

**Know Your Client (KYC):**

Face to Face On-Site   
 Face to Face Off-Site  Remote-Other

**Dealer Code** \_\_\_\_\_

Originating Branch \_\_\_\_\_ Input Branch \_\_\_\_\_  
 Credit Provider Introducing Branch \_\_\_\_\_  
**Marketer's Code** \_\_\_\_\_  
 Marketers Name \_\_\_\_\_  
 Marketer's ID No. \_\_\_\_\_ Fax No.(\_\_\_\_) \_\_\_\_\_  
 Lead Provider \_\_\_\_\_  
 Lead Provider ID No. \_\_\_\_\_

**Marital Details:** S  M  D  W  No. of Dependants \_\_\_\_\_  
 Date Married \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YY) ANC  COP  OTHER

**Spouse's Details:** First Name \_\_\_\_\_  
 Surname \_\_\_\_\_ Income R \_\_\_\_\_  
 Spouses ID No./ DOB \_\_\_\_\_

**Spouse Employer Name:** \_\_\_\_\_  
**Spouse Employers Address:** \_\_\_\_\_

Suburb \_\_\_\_\_ Postal Code \_\_\_\_\_  
**Relative's Details:** (Nearest Relative in SA not living with you)  
 Relationship \_\_\_\_\_ Relative's Tel No.(\_\_\_\_) \_\_\_\_\_

Surname \_\_\_\_\_  
 First Name \_\_\_\_\_

**Relative's Address:** \_\_\_\_\_  
 Suburb \_\_\_\_\_ Postal Code \_\_\_\_\_

**Landlord's Details:** (Name & Address of Landlord where goods will be kept)  
**Landlord's Name:** \_\_\_\_\_  
**Landlord Address:** \_\_\_\_\_

Suburb \_\_\_\_\_ Postal Code \_\_\_\_\_

**Banking Details:**

**Account Type:** Cheque  Savings  Transmission   
 Bank Name \_\_\_\_\_ Branch Code \_\_\_\_\_  
 Account No. \_\_\_\_\_  
 Account Holder Name \_\_\_\_\_  
 (If appl) Overdraft Bal: R \_\_\_\_\_ Limit: R \_\_\_\_\_  
 Credit Card Company \_\_\_\_\_  
 Credit Card Number \_\_\_\_\_  
 Cr.Facility Bal: Straight R \_\_\_\_\_ Budget R \_\_\_\_\_  
 Cr.Facility Limit: Straight R \_\_\_\_\_ Budget R \_\_\_\_\_

**Existing &/or a previous Account with this Credit Provider:**

Branch No. \_\_\_\_\_  
 Account No. \_\_\_\_\_  
 Account Name \_\_\_\_\_  
 Instalment Amount per month R \_\_\_\_\_  
 Number of Instalments \_\_\_\_\_  
 Current?  Paid up?  To be settled?

**Existing accounts with other Credit Provider?**

Name of Company \_\_\_\_\_  
 Account No \_\_\_\_\_  
 Instalment Amount per month - R \_\_\_\_\_  
 Current?  Paid up?  To be settled?   
 Name of Company \_\_\_\_\_  
 Account No \_\_\_\_\_  
 Instalment Amount per month - R \_\_\_\_\_  
 Current?  Paid up?  To be settled?

Individual Applicant <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Surety/Co-Debtor <input type="checkbox"/> <b>Transaction Details:</b> 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 _____, <b>Purpose of Goods:</b> Business <input type="checkbox"/> Private <input type="checkbox"/> Taxi <input type="checkbox"/> Commerce <input type="checkbox"/> <b>Payment Frequency:</b> Month <input type="checkbox"/> Bi-Ann <input type="checkbox"/> Quart <input type="checkbox"/> Annual <input type="checkbox"/> <b>Payment Mode:</b> Advance <input type="checkbox"/> Arrears <input type="checkbox"/> Cash <input type="checkbox"/> DebitOrder <input type="checkbox"/>	ID/Passport No. _____ <b>Applicant's Income Details:</b> 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 _____ <b>Total Monthly Income R _____,</b> <b>Applicant's Expenses per month:</b> 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 _____, <b>Total Monthly Expenses R _____,</b> <b>Applicant's Disposable Income R _____,</b> Date Remuneration Received: ____/____/____ DD/MM/YY Are you currently liable as: Surety <input type="checkbox"/> Guarantor <input type="checkbox"/> Co-debtor <input type="checkbox"/> Specify Details: _____
<b>Applicant's Financial Details:</b> Proposed Rate _____% Fixed <input type="checkbox"/> Linked <input type="checkbox"/> Selling Price (VAT inclusive) R _____, Extras Description _____ R _____, _____ R _____, _____ R _____, <b>Total of Extras R _____,</b> Dealer VAPS Description _____ R _____, _____ R _____, _____ R _____, Delivery Fee R _____, Initial Fuelling Charges R _____, License and Registration Costs R _____, Initiation Fees to be financed? Y <input type="checkbox"/> N <input type="checkbox"/> Less Deposit /Initial Rental R _____, Source of Deposit _____ <b>Total R _____,</b>	

Insurance-Bank VAPS	
InSale/Lease -Inside Act	Rental - Outside Act
Credit Life Monthly <input type="checkbox"/>	Credit Life Monthly <input type="checkbox"/> Term <input type="checkbox"/>
Cover Plus Monthly <input type="checkbox"/>	Cover Plus Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Term <input type="checkbox"/>
Extended Warranty Term <input type="checkbox"/>	Motor Comprehensive Monthly <input type="checkbox"/> Annual <input type="checkbox"/>
Other _____ <input type="checkbox"/>	Courtesy Car Monthly <input type="checkbox"/> Annual <input type="checkbox"/>
	Service & Maintenance Term <input type="checkbox"/>
	Extended Warranty Term <input type="checkbox"/>
	Other _____ <input type="checkbox"/>

**Comprehensive Vehicle Insurance?** Y  N  Policy No. \_\_\_\_\_ Monthly  Annual   
 Existing Ins. Co Name \_\_\_\_\_ Tel No. (\_\_\_\_\_) \_\_\_\_\_ Broker Name \_\_\_\_\_ Tel No. (\_\_\_\_\_) \_\_\_\_\_

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  N   
 J. I would like to be included in any Marketing List that you may sell or distribute Y  N   
 K. 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 \_\_\_\_\_