**APPLICATION FOR INSTALMENT FINANCE (pg 1)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GOODS  DESCRIPTION | USED | | | MODEL | | | | | | MAKE: M&M CODE: | | | | | | | | | | | | | | | | | | | | | |
| REG NO.: STOCK NO.: | | | | | | | | | | | | | | | | | | | | | |
| DEALER  SUPPLIER | **FLAWLESS CARS** | | | | | | | | | | | | | | | | | | | | | | **Tel No.:** 011 499 4053 | | | | | | | | |
| F & I CONTACT : | | | | | | | | | | | SALES PERSON | | | | | | | | | | | | **Fax No.:** | | | | | | | | |
| CASH PRICE  (INCL VAT) | | | | | | | | | | | DEPOSIT | | | | | | | | | | | | INSTALMENT | | | | LEASE | | | RENTAL | OTHER |
| EXTRA’S (INCL VAT) | | | | | | | | | | |  | | | | | | | | | | | | TERM | | | | | | | RATE | |
| LICENSE/REG: | | | | | | | | | | | OTHER: | | | | | | | | | | | | ADVANCE | | | | | | | ARREARS | |
| ADMIN: | | | | | | | | | | | OTHER: | | | | | | | | | | | | RESIDUAL | | | | | | | % | |
| WARRANTEE: | | | | | | | | | | | OTHER: | | | | | | | | | | | |  | | | | | | | | |
| PAINT PROT:  (GLAZE) | | | | | | | | | | | OTHER: | | | | | | | | | | | |  | | | | | | | | |
| **PERSONAL**  **DETAILS** | | TITLE | | | | | | SURNAME | | | | | | | | | | | | | | | I.D. NO. | | | | | | | | |
| FULL NAMES | | | | | | | | | | | | | | | | | | | | INITIALS | | | | | | | | DEPENDANTS | | | |
| MALE | | | FEMALE | | | | | MARRIED  ANC / COP | | | | | SINGLE | | | DIVORCED | | | | | | WIDOWED | | | | | | DATE  MARRIED | | | |
| SPOUSE NAMES | | | | | | | | | | | | | | | | | | | | | | I.D. NO. | | | | | | | | | |
| HOME ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | PERIOD | | | |
| POSTAL ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | CODE | | | |
| PREVIOUS ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | PERIOD | | | |
| TEL (H) | | | | | TEL (W) | | | | | | | CELL | | | | | | | | | FAX | | | | | | | | E-MAIL | | |
| NEXT OF KIN  (NOT LIVING WITH YOU) | | | | | | | | | | | | | | | | | | | | | RELATIONSHIP | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | | | | | | | TEL | | | | | | | | | | |
| **BOND**  **DETAILS** | | BOND HOLDER | | | | | | | | | | | | | | | | | | | | | | AMOUNT OUTSTANDING | | | | | | | |
| PROPERTY VALUE R: | | | | | | | | | | | | | INSTALMENT R: | | | | | | | | | | | PURCHASE PRICE R: | | | | | | | |
| DATE PURCHASED | | | | | | | | | REGISTERED OWN NAME / 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 (W) | | | | | | | | | | | | | | | | | | OCCUPATION | | | | | | | | | | | | | |
| **SALARY**  **DETAILS** | | OWN | | | | | | | | SPOUSE | | | | | | | | OTHER | | | | | | | | | | | | | |
| **BASIC/GROSS** MONTHLY | |  | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | |
| **BANK**  **DETAILS** | | BANK NAME | | | | | | | | | | | | BRANCH NAME | | | | | | | | | | | | BRANCH CODE | | | | | |
| NAME OF ACCOUNT HOLDER | | | | | | | | | | | | | | ACCOUNT NO. | | | | | | | | | | | | | | | | | |
| CREDIT CARD | | | | | | | SAVINGS | | | | | | | | TRANSMISSION | | | | | | | | | | | CURRENT | | | | | |
| **TRADE**  **REFERENCE** | | BRANCH | | | | | | | | ACCOUNT NO | | | | | | | INSTALMENTS | | | | | | | | PAID UP/CURRENT/TO BE SETTLED | | | | | | |
|  | |  | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | |
|  | |  | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | |
| **ETHNIC**  **GROUP** | | AFRICAN | | | | | | | | COLOURED | | | | | | | | | INDIAN | | | | | | | | | WHITE | | | |
| **LANGUAGE**  **PREFERENCE** | | ENGLISH (PRIMARY) | | | | | | | | | | | | | | | | | AFRIKAANS (FOR AN EXPLANATORY VERSION) | | | | | | | | | | | | |
|  | | ZULU (FOR AN EXPLANATORY VERSION) | | | | | | | | | | | | | | | | | SOTHO (FOR AN EXPLANATORY VERSION) | | | | | | | | | | | | |

The information that you have supplied regarding your personal and financial matters will be treated as confidential. The Banks requires your consent to utilize this information for the application of vehicle finance and for products that will be made available to your during this transaction or future transactions. I hereby consent to information supplied by me to be made available to credit bureaus. I hereby consent to the Banks collecting data from the credit bureaus to verify the information given by me on this application form.

SIGNATURE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION FOR INSTALMENT FINANCE (pg 2)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| APPLICANT INITIALS | | SURNAME | | | | | | | |
| I.D. NO.: | | | | | | | | | |
| **HOUSEHOLD INCOME DETAILS** | | | | | | | | | |
| **GROSS** REMUNERATION | R | | **NET** TAKE-HOME PAY (OWN) | | | | | R | |
| CAR ALLOWANCE INCL IN GROSS | R | | **NET** TAKE-HOME PAY (SPOUSE) | | | | | R | |
| MONTHLY COMMISSION/  OVERTIME INCL IN GROSS | R | |  | | | | |  | |
| INCOME OTHER THAN SALARY | R | | SOURCE OF INCOME | | | | | | |
| TOTAL MONTHLY HOUSEHOLD  1INCOME | R | | TOTAL NET TAKE-HOME PAY | | | | | R | |
| **HOUSEHOLD’S EXPENSES PER MONTH** | | | | | | | | | |
| BOND PAYMENT / RENT PAYMENT | | R | | RATES, WATER & ELECTRICITY | | | | | R |
| VEHICLE INSTALMENTS (EXCLUDING  THOSE TO BE SETTLE) | | R | | PERSONAL LOAN REPAYMENTS | | | | | R |
| CREDIT CARD REPAYMENTS | | R | | OVERDRAFT REPAYMENTS | | | | | R |
| CLOTHING ACCOUNTS | | R | | FURNITURE ACCOUNTS | | | | | R |
| POLICY/INSURANCE REPAYMENTS | | R | | TELEPHONE PAYMENTS | | | | | R |
| TRANSPORT COSTS | | R | | FOOD & ENTERTAINMENT | | | | | R |
| EDUCATION COSTS | | R | | OTHER HOUSEHOLD EXPENSES | | | | | R |
| MAINTENANCE (CHILD SUPPORT) | | R | | ANY OTHER REPAYMENTS | | | | | R |
| **TOTAL MONTHLY HOUSEHOLD EXPENSES** | | R | | | | | | | |
| **HOUSEHOLD SURPLUS/DISPOSABLE**  **INCOME** | | R | | | | | | | |
| ARE YOU CURRENTLY LIABLE AS: | SURETY | | | | GUARANTOR | | CO-DEBTOR | | |
| SPECIFY DETAILS IF YES |  | | | | | | | | |
| IF YOU HAVE SIGNED SURETY OR CO-DEBTOR PLEASE INDICATE THE FULL AMOUNT OUTSTANDING | | | | | | R | | | |
| I confirm that:  A. I an 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, please give details : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Declaration by client: YES NO  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 and to utilize my information for supporting products as  Communicated by one of the Credit Provider’s Partners. \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  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 authorize 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 this application. \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  I also authorize the Credit Provider to share my payment behaviour with any credit agency. \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ | | | | | | | | | |

I hereby declare that all the above information is true and correct.

SIGNATURE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_