Individual Application for Finance

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 ☐ Sole Proprietor ☐ Surety/Co-Debtor ☐ ID/Passport No. _____

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 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: _____

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** _____ ,

Insurance-Bank VAPS

InSale/Lease -Inside Act

Credit Life	Monthly ☐	
Cover Plus	Monthly ☐	
Extended Warranty		Term ☐
Other _____		☐

Rental - Outside Act

Credit Life	Monthly ☐		Term ☐
Cover Plus	Monthly ☐	Annual ☐	Term ☐
Motor Comprehensive	Monthly ☐	Annual ☐	
Courtesy Car	Monthly ☐	Annual ☐	

Service & Maintenance		Term ☐
Extended Warranty		Term ☐
Other _____		☐

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.
I. I have not received a S189 retrenchment notification in the last 6 months

If any of the above is incorrect, state which and give details: _____

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 _____