

GOODS DESCRIPTION	NEW	YEAR	MAKE	M&M CODE			
	USED						
MODEL				TEL NO:			
PRIVATE SALE <input type="checkbox"/> DEALER <input type="checkbox"/>		CONSULTANT		FAX NO:			
CASH PRICE VAT INCL.	R	VATABLE EXTRAS VAT INCL.		<input type="checkbox"/> INSTALMENT			
ADD COVER	R	RADIO/TAPE	R	TERM/PERIOD			
LICENCE/REG	R	NUMBER PLATES	R	RATE-LINKED			
WARRANTY	R	ON ROAD CHARGES		OTHER			
DEPOSIT/TRADE IN	R	SERVICE & DELIVERY	R	OTHER			
PRINCIPLE DEBT	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 <input type="checkbox"/> DIVORCED					
HOME ADDRESS				PERIOD			
TEL(H)	TEL(W)	CELL	FAX	E-MAIL			
POSTAL ADDRESS				CODE			
PREVIOUS ADDRESS				PERIOD			
SPOUSE NAMES			SPOUSE ID				
NEXT OF KIN - SURNAME			RELATIONSHIP				
ADDRESS			TEL				
BOND DETAILS	BOND HOLDER			AMOUNT OUTSTANDING	R		
PROPERTY VALUE R	INSTALMENT	R	PM	PURCHASE PRICE	R		
DATE PURCHASED	REGISTERED <input type="checkbox"/> OWN NAME <input type="checkbox"/> SPOUSE	RENTING	BOARDING	R			
EMPLOYER DETAILS				OCCUPATION			
EMPLOYER			TEL	YRS	MTS		
EMPLOYER ADDRESS				PERIOD			
SALARY DATE	PREVIOUS EMPLOYER	PERIOD					
SPOUSE EMPLOYER				PERIOD			
TEL			OCCUPATION				
BANKING DETAILS - APPLICANT							
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				
(If Applicable ) OVERDRAFT BALANCE R		OVERDRAFT LIMIT R					
CREDIT CARD FACILITY BAL: STRAIGHT R		Budget R		CREDIT CARD FACILITY LIMIT: STRAIGHT R		Budget R	
TRADE REFERENCE	BRANCH	ACCOUNT No.	INSTALMENTS	PAID UP / CURRENT / TO BE SETTLED			
LANGUAGE PREFERENCE	<input type="checkbox"/> ENGLISH (PRIMARY) <input type="checkbox"/> AFRIKAANS (FOR AN EXPLANATORY VERSION)						

Signature \_\_\_\_\_

Date \_\_\_\_\_

APPLICANT INITIALS :		SURNAME:	
ID NUMBER:			
HOUSEHOLD INCOME DETAILS – APPLICANT (PER MONTH)			
BASIC SALARY (Gross)	R	LESS TAX	R
CAR ALLOWANCE (Gross)	R	LESS MEDICAL AID, PENSION, ETC.	R
MONTHLY COMMISSION (Gross)	R	LESS OTHER DEDUCTIONS FROM SALARY	R
INCOME OTHER THAN SALARY/WAGES (Gross)	R		R
OTHER HOUSEHOLD INCOME (Gross) Specify :	R	<b>NETT TAKE HOME PAY (A)</b>	<b>R</b>
<b>HOUSEHOLD'S EXPENSES PER MONTH:</b>			
BOND PAYMENT / RENT	R	RATES, WATER & ELECTRICITY	R
VEHICLE INSTALMENTS (EXCLUDING THOSE TO BE SETTLED NOW)	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 REGULAR PAYMENTS / COSTS	R
	R	PROVIDE DETAILS	
<b>SUB TOTAL</b>	<b>R</b>	<b>TOTAL MONTHLY EXPENSES (B)</b>	<b>R</b>
<b>TOTAL HOUSEHOLD DISPOSABLE INCOME</b>		<b>Disposible Income</b> <b>TOTAL INCOME (A) R _____ - TOTAL EXPENSES (B) R _____ = R</b>	
ARE YOU CURRENTLY LIABLE AS:	<input type="checkbox"/> SURETY <input type="checkbox"/> CO-DEBTOR <input type="checkbox"/> GUARANTOR		
SPECIFY DETAILS OF DEBT:			
IF YOU HAVE SIGNED SURETY OR CO-DEBTOR PLEASE INDICATE THE FULL AMOUNT OUTSTANDING ON THE ACCOUNT/S			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. I. The information provided by me in this application is true and correct.			
If any of the above is incorrect give details: _____			
<b>Declaration by client:</b>			
I hereby grant the Credit Provider the right:			
i) to increase my Credit Limit once every year to accommodate any Value Added Products needed; ii) to authorise the Credit Provider to make enquiries about my credit record with any credit agency; iii) to obtain whatever information on me they might require to process this application.			
I understand that I will be liable for a monthly service fee.			
I also authorise the Credit Provider to share my payment behaviour with any credit agency and the National Loans Register.			

Signature \_\_\_\_\_

Date \_\_\_\_\_