

APPLICATION FOR INSTALMENT FINANCE-PG1

GOODS DESCRIPTION	NEW USED	MODEL	MAKE	M&M CODE													
DEALER/SUPPLIER Auto Eternity				TEL NO. 011 869 1520													
F&I CONTACT PERSON			SALES PERSON			FAX NO. 011 869 1979											
CASH PRICE VAT INCL.		VATABLE 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:	<input type="checkbox"/> SURETY <input type="checkbox"/> GUARANTOR <input type="checkbox"/> 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:

	Y	N
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

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

Signature _____ Date _____