

# APPLICATION FOR INSTALMENT FINANCE INDIVIDUAL

GOODS DESCRIPTION	NEW USED	MODEL	MAKE	M&M CODE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
DEALER/BRANCH								TEL NO.							
CONTACT PERSON				SALES PERSON				FAX NO.							
CASH PRICE (VAT INCL) R		VATABLE EXTRAS (VAT INCL)				<input type="checkbox"/> INSTALMENT		<input type="checkbox"/> LEASE		<input type="checkbox"/> RENTAL					
SERV & DEL	R	R				TERM									
LICENCE/REG FEE	R	R				RATE									
	R	R				INITIATION FEE		<input type="checkbox"/> INCLUDE		<input type="checkbox"/> EXCLUDE					
DEPOSIT/TRADE IN	R	R				BALLOON / RESIDUAL R									
FINANCE AMOUNT	R	R				INSTALMENT R									
PERSONAL DETAILS		TITLE		SURNAME				ID NO.							
FULL NAMES						INITIALS			DEPENDANTS						
<input type="checkbox"/> MALE		<input type="checkbox"/> FEMALE		MARRIED		<input type="checkbox"/> OCOP		<input type="checkbox"/> COP		<input type="checkbox"/> SINGLE		<input type="checkbox"/> WIDOWED		DATE MARRIED	
HOME ADDRESS								PERIOD							
TEL(H)		TEL(W)		CELL		EMAIL									
POSTAL ADDRESS								CODE							
PREVIOUS ADDRESS								PERIOD							
SPOUSE NAMES				CELL		SPOUSE ID									
NEXT OF KIN NAME & SURNAME								RELATIONSHIP							
ADDRESS								TEL							
BOND DETAILS		BOND HOLDER/BANK				AMOUNT OUTSTANDING									
PROPERTY VALUE R		INSTALMENT R		/M		PURCHASE PRICE R									
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									
NEDBANK CLIENT		BRANCH		ACCOUNT NO.		INSTALMENTS		PAID UP/CURRENT/TO BE SETTLED							
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		<input type="checkbox"/> OTHER:									

Signature \_\_\_\_\_ Date \_\_\_\_\_

# APPLICATION FOR INSTALMENT FINANCE INDIVIDUAL

APPLICANT INITIALS \_\_\_\_\_ SURNAME \_\_\_\_\_

ID NO. \_\_\_\_\_

## PERSONAL APPLICATION FORM

SALARY DETAILS	OWN	SPOUSE
BASIC MONTHLY (EXCL CAR ALLOWANCE)	R	R
CAR ALLOWANCE	R	R
MONTHLY COMMISSION	R	R
DEDUCTIONS	R	R
NET TAKE HOME PAY	R	R
INCOME OTHER THAN SALARY/WAGES**	R	R

SOURCE OF OTHER INCOME\*\* \_\_\_\_\_

\_\_\_\_\_

TOTAL MONTHLY HOUSEHOLD INCOME (NET SALARY & OTHER) R \_\_\_\_\_

HOUSEHOLD EXPENSES PER MONTH	OWN		SPOUSE	
	OWN	SPOUSE	OWN	SPOUSE
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  SURETY  GUARANTOR  CO-DEBTOR

SPECIFY DETAILS \_\_\_\_\_

IF YOU HAVE SIGNED SURETY OR CO-DEBTOR PLEASE INDICATE THE FULL AMOUNT OUTSTANDING \_\_\_\_\_

PLEASE TICK YOUR PREFERRED METHOD OF COMMUNICATION  ALL  EMAIL  POST  TELEPHONE  SMS

### DECLARATION BY CLIENT

- I confirm that:
  - I am not a minor.
  - I have never been declared mentally unfit by a court.
  - I am not subject to an administration order.
  - I do not have any current application pending for debt restructuring or alleviation.
  - I do not have any current debt re-arrangement in existence.
  - I have not previously applied for a debt re-arrangement.
  - I am not under sequestration.
  - 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 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 credit application and/or application for insurance, and to share my payment behavior with any credit agency. Y  N
- I hereby declare that all of the above information is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_