

APPLICATION FOR INSTALMENT FINANCE INDIVIDUAL

GOODS DESCRIPTION	NEW USED	MODEL	MAKE	M&M CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DEALER/BRANCH Primrose Motorcycle Centre										TEL NO. 011 828-9091			
CONTACT PERSON				SALES PERSON				FAX NO. 011 828-8602					
CASH PRICE (VAT INCL.) R				VARIABLE EXTRAS (VAT INCL.)				<input type="checkbox"/> INSTALMENT <input type="checkbox"/> LEASE <input type="checkbox"/> RENTAL					
ADD COVER		R	RADIO /CD		R	TERM							
LICENCE/REG FEE		R	NUMBER PLATES		R	RATE							
CREDIT LIFE		R	WARRANTY		R	INITIATION FEE <input type="checkbox"/> INCLUDE <input type="checkbox"/> EXCLUDE							
DEPOSIT/TRADE IN		R	OTHER		R	BALLOON / RESIDUAL R							
FINANCE AMOUNT		R	OTHER		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"/> OCOPI	<input type="checkbox"/> COP	<input type="checkbox"/> SINGLE	<input type="checkbox"/> WIDOWED		DATE MARRIED				
HOME ADDRESS								PERIOD					
TEL(H)		TEL(W)		CELL		FAX		EMAIL					
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 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
TOTAL SALARY (BASIC & CAR ALLOWANCE)	R		R
MONTHLY COMMISSION	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			
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			
PLEASE TICK YOUR PREFERRED METHOD OF COMMUNICATION <input type="checkbox"/> ALL <input type="checkbox"/> EMAIL <input type="checkbox"/> POST <input type="checkbox"/> TELEPHONE <input type="checkbox"/> SMS			

DECLARATION BY CLIENT

1. 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, state which and give details: _____

2. 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.

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

Y ☐ N ☐

What Date would you prefer for your

Debit Order (please circle)

25th / 1st / 15th / Last Day of Month

Other: _____

Signature _____

Date _____