

APPLICATION FOR INSTALMENT FINANCE INDIVIDUAL

GOODS DESCRIPTION	<input type="checkbox"/> NEW <input type="checkbox"/> USED	MODEL	MAKE	M&M CODE <input type="text"/>
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	
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"/> OCOP	<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
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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
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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 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

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

Signature _____ Date _____