

Individual Application

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<input type="checkbox"/> Individual Applicant
<input type="checkbox"/> Installment Sale
<input type="checkbox"/> New

<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Lease
<input type="checkbox"/> Used

<input type="checkbox"/> Surety/Co-Debtor
<input type="checkbox"/> Rental

Personal Details

Surname		Dealer Code		11261	
First Name		Originating Branch			
Middle Name/s		Input Branch		HDG	
ID No	Tax No.	Marketer ID			
Passport	Vat No.	Marketer		F & I	
Citizenship <input type="checkbox"/> SA <input type="checkbox"/> Other	Home No.	Lead Provider		F & I	
Title	Initials	Lead Provider ID			
Permit No.	Cell No	<input type="checkbox"/> Tennant	<input type="checkbox"/> Lodger		
Permit Type	Email				
Expiry Date	Gender <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Issued Date	Graduate <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> ANC	<input type="checkbox"/> COP	<input type="checkbox"/> Other	
Country Of Issue	Date Married				
Country Of Res	Language <input type="checkbox"/> Eng <input type="checkbox"/> Afr <input type="checkbox"/> Other	Ethnic Grp	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> W <input type="checkbox"/> C
Home Address				Period	<input type="checkbox"/> Y <input type="checkbox"/> M
Postal Address				Code	
Previous Address				Period	<input type="checkbox"/> Y <input type="checkbox"/> M

Employment Details

Employers Name		Phone No	Cont No.	
Address		Code		
Industry Type	Employee Number	Occupation	Period	<input type="checkbox"/> Y <input type="checkbox"/> M
Previous Employer	Phone No			
Address	Code			
Industry Type	Employee Number	Occupation	Period	<input type="checkbox"/> Y <input type="checkbox"/> M

Spouse's Details

Spouse's Name		Surname	
ID Number	Date Of Birth		
Cell No	Cell nr.		

Relative's Details

Relationship	Phone No.	Surname	Name
Address	Code		

Home Ownership

Own Property? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> In Your Name	<input type="checkbox"/> Spouses Name	<input type="checkbox"/> Both	<input type="checkbox"/> House	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Flat
Bond/Rental PM	Purchase Price	If Flexi/Access Bond, Total Facility				
Bond Outstanding	Current Value	ERF No.				
Bond Holder Name (Bank)						

Banking Details

Account Type <input type="checkbox"/> Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission			
Branch Code	Bank Name		
Account Holders Name	Account Number		
Credit Card Company	Credit Card Number		

Income Details	
Your Basic Salary	
+ Car Allowance	
+ Income (Other than Salary, Overtime, Shift Allowance etc)	
+ Monthly Commission	
Total Monthly Income	
Net Take Home Pay	
Other Source of Income (Trusts, Maintenance, Rent)	
Please Specify	

Total Household Expenses	
Bond Payment/Rent	
Rates, Water, Electricity (Municipal Payments etc)	
Vehicle Installments (Excluding those to be settled)	
Personal Loan Repayments	
Credit card Repayments	
Furniture Accounts	
Clothing Accounts	
Overdraft Repayments	
Policy / Insurance Repayments (R&A's, Life Insurance, Household Insurance etc)	
Telephone Payment (Home, Cell, Etc) If Cell: <input type="checkbox"/> Contract <input type="checkbox"/> Pre-Paid	
Transport Costs	
Food And Entertainment	
Education Costs	
Maintenance	
Household Expenses (Domestic Worker, Gardener, General Maintenance, etc)	
Other (DSTV, Subscriptions or any other)	
Total Monthly Expenses	
Applicants Disposable Income	

Transaction Details					
Goods Description					
Year Model		M&M Code		Dealer Name	Cayenne Sport CC
Scheme Code		Buy Line Code		Dealer Phone	0112441900
Purpose of Goods	<input type="checkbox"/> Private	<input type="checkbox"/> Taxi	<input type="checkbox"/> Commerce	Salesman	
Contract Period		Payment Frequency	<input type="checkbox"/> Bi-annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly
Payment Mode	<input type="checkbox"/> Arrears	<input type="checkbox"/> Cash	<input type="checkbox"/> Debit Order	BUSINESS MANAGER:	
Balloon Payment %		Balloon Payment R		Odometer Km's	
Proposed Rate %	<input type="checkbox"/> Fixed	<input type="checkbox"/> Linked	Dealer VAPS	-	
Selling Price (Inc Vat)		Dealer VAPS	-		
Extras		Dealer VAPS	-		
Extras		Transaction Fee			
Extras		Initial Fueling Charges			
Extras		License and Registration			
Extras		Less Deposit/Initial Rental			
Total Extras		Grand Total			
Source Of Deposit					

Know Your Customer

Face to Face on-site Face to Face Off-Site Remote Other

I Confirm that:

- a. I am not a minor. -
- b. A court has never declared me mentally unfit.
- c. I am not subject to an Administration Order.
- d. I do not have any current allocation 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 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 :

- a. I would like to be included in any Telemarketing Campaign.
- b. I would like to be included in any Marketing List that you may sell or distribute
- c. I would like to be included in any mass distribution of emails or SMS messages

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

I understand that I will be liable for a monthly service fee
 I hereby consent to this Credit Provider making enquiries regarding my credit history with any credit bureau
 I consent to this Credit Provider reporting the conclusion of any credit agreement with me to the National Loans Register in compliance with this Credit Provider's obligation under the National Credit Act
 I hereby declare that the information provided by me is true and correct

Name : _____ Date: _____ Signature _____

NB!!!! - Individual Application Requirements :

Dear Valued Customer,

Congratulations on the purchase of your new motor vehicle.

I will need the following documents on approval of the application

- * Barcoded identity document
- * Drivers / Learners license
- * Proof of residence not older than 2 months (Lease agreement/water & Lights, IRP5
- * 3 month's bank statements.

INSURANCE CONFIRMATION LETTER - Only needed On collection of the bike
 If you don't have your own insurance we can arrange insurance for you at competitive rates

Upon Delivery the above **originals need to be sighted by myself all documents that was faxed or mailed** need to be with you at the time of delivery

Should you have any queries please do not hesitate to contact me

Business Manager

TEL : (011) 244 1901
FAX : (011) 466 1583

Consent to electronically obtain account statements from financial institutions
 Name of account holder (you)* _____
 *One account holder per consent form
 Identity/Passport/Registration Number |_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Absa Bank Ltd, FirstRand Bank Ltd and Nedbank Ltd (the Banks) work with each other and other financial institutions to fight, amongst other crimes, finance application fraud. In these dealings, the Banks ensure that all personal and financial information about clients are protected and kept strictly confidential.

For the purpose of assessing the finance application that _____ will submit on your behalf to any or all of the Banks in the name of _____, the Banks need your consent to obtain your bank statement(s) directly from other financial institutions (as specified below). The Banks will exchange only the bank statements you have authorised and these will be safeguarded and not used for any other purposes other than the finance application for which you have consented. Bank account statements obtained will also be limited to the period necessary to assess the finance application.

Your signature below confirms that the Banks have your consent to obtain bank statement(s) on the following account(s) (that show your account transaction history) and if there is a problem with the electronic retrieval of some or all of the required bank statements for any reason, the Banks will contact you to provide physical copies:

Please note that you are liable for any costs which may be charged by a Bank for each request received to provide bank statements on your behalf.

Account 1:

Name of bank/institution | _____ |
Account type/ description | _____ |
Branch name | _____ | Branch number | _____ |
Account number | _____ |

Account 2:

Name of bank/institution | _____ |
Account type/ description | _____ |
Branch name | _____ | Branch number | _____ |
Account number | _____ |

Signature _____ Date _____

If account is in the name of a legal entity:

Name of signatory/ies _____
Capacity of signatory/ies _____