

# Finance Application

Client No  
Application Number  
Application Date

ID Number

Individual Applicant  Sole Proprietor  Surety/Co-Debtor   
Use Block Letters Tick Appropriate Boxes

Do you require information on insurance? Yes  No

<b>A. Vehicle</b>	Instalment Sale <input type="checkbox"/> Lease <input type="checkbox"/> Mobility Plan <input type="checkbox"/> Other <input type="checkbox"/>	Surety ID (if appl.) <input type="text"/>	
	Year of Reg <input type="text"/>	New <input type="checkbox"/> Used <input type="checkbox"/>	
	For used cars only AUC Yes <input type="checkbox"/> No <input type="checkbox"/>	Goods Description	
	Kilometres <input type="text"/> km	M&M Code	
	Motor plan up to <input type="text"/> km	Cash Price	Motorplan
	Dealer	Delivery fee	Accessories
	Dealer Tel No	Initial Fuelling Charges	License and Registration Costs
	Sales Person	Balloon Payment	Credit Life/TopUp
	Contact No		Other
	Fax/Email	Extras Description	
	Special Requirements		
	Purpose of goods Business <input type="checkbox"/> Private <input type="checkbox"/>	Total of Extras	
	Debit Order Date	Dealer VAPS Description	
	Proposed Rate	Dealer VAPS Total	
	Period	Source of Deposit	Less Deposit/ /Initial Rental
Initiation Fees to be financed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Total		

<b>B. Personal</b>	Date of Birth <input type="text"/>	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Graduate? Y <input type="checkbox"/> N <input type="checkbox"/>
	Title: Surname	Spouse name	
	Names	No. of Depend. <input type="text"/>	Spouse ID <input type="text"/>
	Ethnic Group A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> Undisclosed <input type="checkbox"/>		
	Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated* <input type="checkbox"/> Widowed <input type="checkbox"/>	Verification of marital status: Client Signature	
	Contract ANC <input type="checkbox"/> COP* <input type="checkbox"/> Outside SA* <input type="checkbox"/> Customary Law* <input type="checkbox"/> *Spouse's consent		
	Date Married <input type="text"/>	Nationality South African <input type="checkbox"/> Other <input type="checkbox"/>	Country of Residence <input type="text"/>
	Permit Type	Permit No <input type="text"/>	Permit Exp Date <input type="text"/>
	Trading as/ Name	Tax no <input type="text"/>	VAT Registered? Y <input type="checkbox"/> N <input type="checkbox"/> VAT No <input type="text"/>

<b>C. Contacts</b>	Cell No <input type="text"/>	Home No ( <input type="text"/> ) <input type="text"/>	Fax No ( <input type="text"/> ) <input type="text"/>
	Contract Information	Email: Y <input type="checkbox"/> N <input type="checkbox"/> SMS: Y <input type="checkbox"/> N <input type="checkbox"/>	Normal Post: Y <input type="checkbox"/> N <input type="checkbox"/>
	Contract Documentation (e.g. Statements)	Email: Y <input type="checkbox"/> N <input type="checkbox"/>	Normal Post: Y <input type="checkbox"/> N <input type="checkbox"/>
	Email Address <input type="text"/>	Statement Frequency: Quarterly <input type="checkbox"/> Bimonthly <input type="checkbox"/>	

<b>D. Residential</b>	Present Address	Previous Address	Postal Address	
	Suburb <input type="text"/>	Code <input type="text"/>	Suburb <input type="text"/>	Code <input type="text"/>
	Period at Address <input type="text"/> Yrs <input type="text"/> Mths <input type="text"/>	Period at Address <input type="text"/> Yrs <input type="text"/> Mths <input type="text"/>		
	Type of House House <input type="checkbox"/> Flat <input type="checkbox"/> Townhouse <input type="checkbox"/> Farm <input type="checkbox"/> Plot <input type="checkbox"/> Caravan/ Mobile home <input type="checkbox"/> Boarding house/ Hostel/Hotel <input type="checkbox"/>			
	Residential Status Owner <input type="checkbox"/> Renter <input type="checkbox"/> Living with family <input type="checkbox"/> Other <input type="checkbox"/>	Next of Kin Not living with you Address In SA <input type="text"/>		
	Registered Owner Self <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/>			
	Home Status Bonded <input type="checkbox"/> Bond-free <input type="checkbox"/> Leased <input type="checkbox"/>			
	Year Purchased <input type="text"/>	Current Value <input type="text"/>	Code <input type="text"/>	
	Purchase Price <input type="text"/>	Balance Owing <input type="text"/>	Phone No ( <input type="text"/> ) <input type="text"/>	
	Rent / Bond Payment <input type="text"/>	Erf Number <input type="text"/>	Relationship <input type="text"/>	
	Bondholder Name <input type="text"/>	If a flexi/access bond, total facility granted? <input type="text"/>		

Initial



