

GOODS DESCRIPTION		NEW USED	YEAR:	FULL MAKE:		M&M CODE				
DEALER: GINDRA MOTORS		MILEAGE:			TEL NO. 011394-7908					
F&I CONTACT PERSON: Katy Khan			SALES PERSON: Elphas Raseroka			FAX NO: 011 394-0501				
CASH PRICE VAT INCL.		R		VATABLE EXTRAS VAT INCL.	<input type="checkbox"/> INSTALMENT	<input type="checkbox"/> LEASE	<input type="checkbox"/> CONSUMER LEASE			
ADD COVER		R		RADIO/TAPE	R	TERM/PERIOD				
LICENCE/REG		R		NUMBER PLATES	R	RATE-LINKED				
WARRANTY		R		ON ROAD CHARGES	R	OTHER				
DEPOSIT/TRADE IN		R		SERVICE & DELIVERY	R	OTHER				
PRINCIPLE DEBT		R								
PERSONAL DETAILS		TITLE	SURNAME			ID No.				
FULL NAMES				INITIALS		DEPENDANTS				
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		MARRIED	<input type="checkbox"/> ANC(OUT) <input type="checkbox"/> COP (IN)	<input type="checkbox"/> SINGLE	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED				
HOME ADDRESS						PERIOD				
TEL(H)		TEL(W)	CELL		FAX		E-MAIL			
POSTAL ADDRESS						CODE				
PREVIOUS ADDRESS						PERIOD				
SPOUSE NAMES						SPOUSE ID				
NEXT OF KIN - SURNAME						RELATIONSHIP				
ADDRESS		TEL								
BOND DETAILS		BOND HOLDER (Bank)				AMOUNT OUTSTANDING		R		
PROPERTY VALUE R			INSTALMENT	R	PM		PURCHASE PRICE		R	
DATE PURCHASED			REGISTERED	<input type="checkbox"/> OWN NAME <input type="checkbox"/> SPOUSE			RENTING	BOARDING	R	
EMPLOYER DETAILS							OCCUPATION			
EMPLOYER					TEL				YRS	MTS
EMPLOYER ADDRESS								PERIOD		
SALARY DATE			PREVIOUS EMPLOYER					PERIOD		
SPOUSE EMPLOYER								PERIOD		
TEL				OCCUPATION						
BANKING DETAILS - APPLICANT										
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 (CHECK)					
TRADE REFERENCE		BRANCH		ACCOUNT NO.		INSTALMENTS		PAID UP / CURRENT / TO BE SETTLED		
LANGUAGE PREFERENCE		<input type="checkbox"/> ENGLISH (PRIMARY)			<input type="checkbox"/> AFRIKAANS (FOR AN EXPLANATORY VERSION)					

Signature _____

Date _____

APPLICANT INITIALS:		SURNAME:	
ID NUMBER:			
HOUSEHOLD INCOME DETAILS – APPLICANT (PER MONTH)			
BASIC SALARY	R	LESS TAX	R
CAR ALLOWANCE	R	LESS MEDICAL AID, PENSION, ETC.	R
MONTHLY COMMISSION	R	LESS OTHER DEDUCTIONS FROM SALARY	R
INCOME OTHER THAN SALARY/WAGES	R	SPOUSES SALARY	R
OTHER HOUSEHOLD INCOME:	R	NET TAKE HOME PAY	R
HOUSEHOLD'S EXPENSES PER MONTH:			
BOND PAYMENT / RENT	R	RATES, WATER & 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 – REGULAR PAYMENTS / COSTSS PROVIDE DETAILS	R
SUB TOTAL	R	TOTAL MONTHLY EXPENSES (B)	R
TOTAL HOUSEHOLD DISPOSABLE INCOME	TOTAL INCOME (A) R _____ - TOTAL EXPENSES (B) R _____		Disposable Income R
ARE YOU CURRENTLY LIABLE AS:	<input type="checkbox"/> SURETY <input type="checkbox"/> CO-DEBTOR <input type="checkbox"/> GUARANTOR		
SPECIFY DETAILS OF DEBT:			
IF YOU HAVE SIGNED SURETY OR CO-DEBTOR PLEASE INDICATE THE FULL AMOUNT OUTSTANDING ON THE ACCOUNT/S			R
<p>I confirm that:</p> <p>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. I. The information provided by me in this application is true and correct.</p> <p>If any of the above is incorrect give details:</p> <hr/>			
<p>Declaration by client:</p> <p>I hereby grant the Credit Provider the right:</p> <ul style="list-style-type: none"> i) to increase my Credit Limit once every year to accommodate any Value Added Products needed; ii) to authorise the Credit Provider to make enquiries about my credit record with any credit agency; iii) to obtain whatever information on me they might require to process this application. <p>I understand that I will be liable for a monthly service fee.</p> <p>I also authorise the Credit Provider to share my payment behaviour with any credit agency and the National Loans Register.</p>			

Signature _____

Date _____