



DEFINITIVE



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Definitive Edge Auto

2013/062300/07

THE EDGE GROUP - VEHICLES OF DISTINCTION

98 Van Riebeeck Road; Edenvale (010)612 0316

DATE OF APPLICATION:		CLIENT CONTACT NUMBER:	
NAME OF CLIENT:			
ID NUMBER:			
DELIVERY ADDRESS OF VEHICLE:			
FIRST CHOICE OF VEHICLE:		Preferred Installment	
2ND CHOICE OF VEHICLE:			
TRADE IN:	VEHICLE:	YEAR:	
PAID OFF / FINANCE:		BANK:	MILEAGE:
DRIVERS LICENCE:		YES	NO
ITC: DETAILS THAT YOU MIGHT BE AWARE OF		YES	NO
EMPLOYMENT DETAILS:	FULL TIME EMPLOYED	YES	NO
<p>SUPPORTING DOCUMENTATION REQUIRED</p> <ul style="list-style-type: none">> COPY OF ID DOCUMENT> COPY OF DRIVERS LICENSE> PROOF OF RESIDENCE> PROOF OF EMPLOYMENT (LAST 3 MONTHS PAY SLIPS) IF SELF EMPLOYED COPY OF CK DOCUMENTS> 3 MONTHS BANK STATEMENT (6 MONTHS IF SELF EMPLOYED)			
SELLING AGENT NAME:		CONTACT NUMBER OF SELLING AGENT:	EMAIL ADDRESS OF SELLING AGENT:

APPLICATION FOR INSTALMENT FINANCE-PG1

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"/>
DEALER/BRANCH								TEL NO.			
CONTACT PERSON				SALES PERSON				FAX NO.			
CASH PRICE (VAT INCL.)				VATABLE EXTRAS (VAT INCL.)				<input type="checkbox"/> INSTALMENT		<input type="checkbox"/> LEASE	
ADD COVER				RADIO /CD				TERM			
LICENCE/REG				NUMBER PLATES				RATE			
CREDIT LIFE				WARRANTY				<input type="checkbox"/> ADVANCE		<input type="checkbox"/> ARREARS	
DEPOSIT/TRADE IN				OTHER				RESIDUAL			
FINANCE AMOUNT R				OTHER				INSTALMENT R			
PERSONAL DETAILS		TITLE		SURNAME				ID NO.			
FULL NAMES						INITIALS		DEPENDANTS			
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	MARRIED		<input type="checkbox"/> ANC	<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			
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 (FOR EXPLANATORY VERSION)		<input type="checkbox"/> OTHER:					

Signature _____ Date _____

APPLICATION FOR INSTALMENT FINANCE-P62

APPLICANT INITIALS:		SURNAME:	
ID NR:			

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
SOURCES OF OTHER INCOME**		
TOTAL MONTHLY HOUSEHOLD INCOME (NET SALARY & OTHER)	R	

HOUSEHOLD'S 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	R		

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 give details: _____

Declaration by Client:

	Y	N
I hereby grant the Credit Provider the right to communicate with me through any electronic/written media or verbally in order to make available to me, their product offering.	<input type="checkbox"/>	<input type="checkbox"/>
I hereby grant the Credit Provider the right to increase my Credit Limit once every year to accommodate any Value Added Products needed and requested by me.	<input type="checkbox"/>	<input type="checkbox"/>
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 application. I also give consent to the Credit Provider to share my payment behaviour with any credit agency.	<input type="checkbox"/>	<input type="checkbox"/>

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

Signature _____ Date _____