

Finance Application

Client No
Application Number
Application Date

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

ID Number

Do you require information on insurance? Yes No

A. Vehicle	Year of Reg <input type="text"/>			New <input type="checkbox"/> Used <input type="checkbox"/>			Surety ID (if appl.) <input type="text"/>		
	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/Residual			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. Personal	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="checkbox"/>			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"/> Tribal Law* <input type="checkbox"/>			*Spouse's consent <input type="checkbox"/>					
	Date Married <input type="text"/>			Nationality South African <input type="checkbox"/> Other <input type="checkbox"/>			Country of Residence <input type="text"/>		

C. Contacts	Cell No <input type="text"/>			Home No (<input type="text"/>) <input type="text"/>			FaxNo (<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"/>					

D. Residential	Present Address			Previous Address			Postal Address		
	Suburb <input type="text"/>			Code <input type="text"/>			Suburb <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"/>								
	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 <input type="text"/>					
	Registered Owner Self <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/>			Address In SA <input type="text"/>					
	Home Status Bonded <input type="checkbox"/> Bond-free <input type="checkbox"/> Leased <input type="checkbox"/>								
	Year Purchased <input type="text"/>			Value <input type="text"/>			Code <input type="text"/>		
				Phone No (<input type="text"/>) <input type="text"/>					
				Relationship <input type="text"/>					
If a flexi/access bond, total facility granted? <input type="text"/>									

Initial

