
APPLICATION FOR VEHICLE FINANCE

CLIENT DETAILS

Client Name & Surname	
ID Number	
Cellphone Number	
Address	

PREFERRED VEHICLE

Make	
Please give 2 or more choices.	
Model	
Body Type	
Year	
Color	

APPLICATION FOR INSTALMENT FINANCE INDIVIDUAL

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

Signature _____ Date _____

APPLICATION FOR INSTALMENT FINANCE INDIVIDUAL

APPLICANT INITIALS		SURNAME	
ID NO.			
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
SOURCE OF OTHER INCOME**			
TOTAL MONTHLY HOUSEHOLD INCOME (NET SALARY & OTHER)		R	
HOUSEHOLD 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			
PLEASE TICK YOUR PREFERRED METHOD OF COMMUNICATION <input type="checkbox"/> ALL <input type="checkbox"/> EMAIL <input type="checkbox"/> POST <input type="checkbox"/> TELEPHONE <input type="checkbox"/> SMS			

DECLARATION BY CLIENT

1. 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, state which and give details: _____

2. 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 credit application and/or application for insurance, and to share my payment behavior with any credit agency. Y N

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

Signature _____

Date _____