

GOODS DESCRIPTION	NEW USED	MODEL	MAKE	M&M CODE	<input type="text"/>
DEALER/SUPPLIER PMB Auto Sales			TEL NO. (033) 394-6098		
F&I CONTACT PERSON		SALES PERSON		FAX NO. 086 549-9902	
CASH PRICE VAT INCL.		VATABLE EXTRAS VAT INCL. <input type="checkbox"/> INSTALMENT <input type="checkbox"/> LEASE <input type="checkbox"/> RENTAL <input type="checkbox"/> OTHER			
ADD COVER		RADIO/TAPE		TERM	
LICENCE/REG		NUMBER PLATES		RATE	
CREDIT LIFE		WARRANTY		<input type="checkbox"/> ADVANCE <input type="checkbox"/> ARREARS	
DEPOSIT/TRADE IN		OTHER		RESIDUAL	
FINANCABLE AMOUNT R		OTHER		INSTALMENT R	
<b>PERSONAL DETAILS</b>		TITLE		SURNAME	
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	
POSTAL ADDRESS		FAX		E-MAIL	
PREVIOUS ADDRESS				CODE	
SPOUSE NAMES				SPOUSE ID	
NEXT OF KIN				RELATIONSHIP	
ADDRESS				TEL	
<b>BOND DETAILS</b>		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 <input type="checkbox"/> R	
<b>EMPLOYER DETAILS</b>		EMPLOYER		OCCUPATION	
EMPLOYER ADDRESS		TEL		NO. OF YEARS	
SALARY DATE		PREVIOUS EMPLOYER		NO. OF YEARS	
SPOUSE EMPLOYER		TEL		OCCUPATION	
<b>BANK DETAILS</b>		BANK NAME		BRANCH NAME	
NAME OF ACCOUNT HOLDER		BRANCH CODE		ACCOUNT NO.	
<input type="checkbox"/> CREDIT CARD		<input type="checkbox"/> SAVINGS		<input type="checkbox"/> TRANSMISSION	
<input type="checkbox"/> CURRENT					
<b>TRADE REFERENCE</b>		BRANCH		ACCOUNT NO.	
		INSTALMENTS		PAID UP/CURRENT/TO BE SETTLED	
<b>ETHNIC GROUP</b>		<input type="checkbox"/> AFRICAN		<input type="checkbox"/> COLOURED	
		<input type="checkbox"/> INDIAN		<input type="checkbox"/> WHITE	
<b>LANGUAGE PREFERENCE</b>		<input type="checkbox"/> ENGLISH (PRIMARY)		<input type="checkbox"/> AFRIKAANS (FOR AN EXPLANATORY VERSION)	
OTHER _____					

Signature \_\_\_\_\_ Date \_\_\_\_\_

## APPLICATION FOR INSTALMENT FINANCE - Page 2

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:  SURETY  GUARANTOR  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: \_\_\_\_\_

- I. 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. Y  N

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.

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.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_