

Please attach id document, drivers license, proof of income and proof of address

Sales Person:

Applicant	First Name:	_____	Middle Name:	_____
	Surname:	_____	Passport Number:	_____
	Id Number:	_____	Date of Birth:	_____
	ID Verified:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Drivers Lic Verified:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Submit Application:	Absa <input type="checkbox"/> MFC <input type="checkbox"/> Wesbank <input type="checkbox"/>		

Article Details	Article Type:	_____	Article New/Used:	New <input type="checkbox"/> Used <input type="checkbox"/>
	Use of Article:	Private <input type="checkbox"/> Taxi <input type="checkbox"/> Business <input type="checkbox"/>	Year Model:	_____
	Article Description:	_____	Repayment Period:	_____
	Article Make:	_____	Interest Rate: %	_____
	M&M Code:	_____	Kilometer Reading:	_____
	Purchase Price:	_____	Deposit:	_____

Dealer Extra	Service and Delivery	R _____	R _____
	On the road	R _____	R _____
	Warranty	R _____	R _____
	Bodyline Maintenance	R _____	R _____
		R _____	R _____

Personal Details	Preferred Language:	Afrikaans <input type="checkbox"/> English <input type="checkbox"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
	Title:	_____	Race/Ethnic Group:	_____
	Country of Nationality:	_____	Graduate:	_____
	Marital Status:	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er <input type="checkbox"/>	Marital Contract:	ANC <input type="checkbox"/> COP <input type="checkbox"/>
	Marital Date:	_____	Contact Method:	Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> E-mail <input type="checkbox"/>
	Mobile Nr:	_____	Postal	<input type="checkbox"/>
	Mobile Type:	Contract <input type="checkbox"/> P.A.Y.G <input type="checkbox"/>	E-mail Address:	_____
	Phone Nr (H):	_____	Phone Nr (W):	_____

Residential Details	Residential Address :	_____	Use Address:	Postal: <input type="checkbox"/> Home: <input type="checkbox"/>
		_____	PO Box:	_____
	Residential Suburb:	_____	Postal Suburb:	_____
	Postal Code:	_____	Postal Code:	_____
	Owner/Tenant/Lodger:	Lodger <input type="checkbox"/> Tenant <input type="checkbox"/>	Owner - Bond Free <input type="checkbox"/> Owner - Bonded <input type="checkbox"/>	
	Outstanding Bond:	_____	Property Current Value:	_____
	Bonded Via:	_____	Period at Address:	_____
Period at Prev Address:	_____			

Signed by Client

Date

Spouse Details	First Name:	_____	Middle Name:	_____
	Surname:	_____	ID Nr:	_____
	Passport Nr:	_____	Date of Birth:	_____
	Cell Nr:	_____		

Applicant Employer Details	Employer Name:	_____			Occupation:	_____		
	Employment Type:	Permanent <input type="checkbox"/>	Contractual <input type="checkbox"/>	Self Employed <input type="checkbox"/>	Pensioner <input type="checkbox"/>			
	Employer Industry Type:	_____			Client Type:	Private Individual <input type="checkbox"/>		
	Employment Level:	_____			Self Employed	<input type="checkbox"/>		
	Employer Address :	_____			Self Employed	<input type="checkbox"/>		
	Employer Suburb:	_____			Postal Code:	_____		
	Period Employed:	_____			Period Prev. Employed:	_____		

Applicant Income	Source of Funds:	Salary <input type="checkbox"/>	Pension <input type="checkbox"/>	Policy <input type="checkbox"/>	Investments <input type="checkbox"/>	Retirement Annuity <input type="checkbox"/>	
	Basic Income:	_____			Total Gross Income:	_____	
	Car Allowance:	_____			Net Take-Home Pay:	_____	
	Commission:	_____			Other Income amount:	_____	
	Overtime:	_____			Specify and send proof:	_____	

Applicant Expenses	Bond Payment/Rent:	_____	Rates, Water & Elec:	_____
	Vehicle Instalment:	_____	Loan Repayments:	_____
	Credit Card Payments:	_____	Furniture Accounts:	_____
	Clothing Accounts:	_____	Overdraft Repayments:	_____
	Policy/Insurance:	_____	Telephone Payments:	_____
	Transport Cost:	_____	Food & Entertainment:	_____
	Education Cost:	_____	Maintenance:	_____
	Household Expenses:	_____	Other Expenses:	_____

Spouse Income	Source of Funds:	Salary <input type="checkbox"/>	Pension <input type="checkbox"/>	Policy <input type="checkbox"/>	Investments <input type="checkbox"/>	Retirement Annuity <input type="checkbox"/>	
	Basic Income:	_____			Total Gross Income:	_____	
	Car Allowance:	_____			Net Take-Home Pay:	_____	
	Commission:	_____			Other Income amount:	_____	
	Overtime:	_____			Specify and send proof:	_____	

Signed by Applicant

Date

Spouse Expenses	Bond Payment/Rent:	_____	Rates, Water & Elec:	_____
	Vehicle Instalment:	_____	Loan Repayments:	_____
	Credit Card Payments:	_____	Furniture Accounts:	_____
	Clothing Accounts:	_____	Overdraft Repayments:	_____
	Policy/Insurance:	_____	Telephone Payments:	_____
	Transport Cost:	_____	Food & Entertainment:	_____
	Education Cost:	_____	Maintenance:	_____
	Household Expenses:	_____	Other Expenses:	_____

Liability	Surety:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Surety Description:	_____
	Guarantor:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Guarantor:	_____
	Co-Debtor:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Co-Debtor:	_____

Relative Details	First Name:	_____	Surname:	_____
	Relation:	_____	Contact Method:	Cell <input type="checkbox"/> Home <input type="checkbox"/>
	Phone Nr:	_____	Work	<input type="checkbox"/>
	Relative Address :	_____	Relative Suburb:	_____
		_____	Postal Code:	_____

Banking Details	Bank Name:	_____	Bank Branch:	_____
	Account Nr:	_____	Branch Code:	_____
	Account Type:	_____	1st Payment Date:	_____

Settlement Details	Settle Existing Finance:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Bank (acc to be settled)	_____	Acc. NR to be settled:	_____
	Settlement Amount:	_____	Monthly Instalment:	_____

Statement Delivery:	Electronic Statement	<input type="checkbox"/>	Printed Statement	<input type="checkbox"/>
	E-mail Address:	_____		

Application Detail	Consent to obtain information from appropriate to verify details?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Utilise personal information for marketing purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Consent to increase Credit Limit once every year to accommodate any		
	Value Added Products needed and requested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signed by Applicant

Date