

APPLICATION FOR INSTALMENT FINANCE-P61

GOODS DESCRIPTION		NEW USED	MODEL	MAKE	M&M CODE		
DEALER/SUPPLIER				TEL NO.			
F&I CONTACT PERSON			SALES PERSON		FAX NO.		
CASH PRICE VAT INCL		VARIABLE 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		
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	E-MAIL	
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			
SALARY DETAILS		OWN	SPOUSE		OTHER		
BASIC MONTHLY				OTHER			
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				
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 AN EXPLANATORY VERSION)			
		<input type="checkbox"/> ZULU (FOR AN EXPLANATORY VERSION)		<input type="checkbox"/> SOTHO (FOR AN EXPLANATORY VERSION)			

The information that you have supplied regarding your personal and financial matters will be treated as confidential. The Motor Finance Corporation requires your consent to utilize this information for the application of vehicle finance and for products that will be made available to you during this transaction or future transactions by The Motor Finance Corporation or its partners. (I hereby consent to the collection, storage and use of my personal information for the purposes stated above and to the use of my personal information for the purposes stated above and to the use of my personal information for the purposes stated above.)

Signature _____ Date _____

APPLICATION FOR INSTALMENT FINANCE-PG2

APPLICANT INITIALS:		SURNAME:	
ID NR:			

HOUSEHOLD INCOME DETAILS:			
GROSS REMUNERATION	R	MONTHLY COMMISSION	R
CAR ALLOWANCE INCLUDED IN GROSS	R	NET TAKE-HOME PAY	R
INCOME OTHER THAN SALARY/WAGES	R	SOURCE OF INCOME	
TOTAL MONTHLY HOUSEHOLD INCOME	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: _____

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 and to utilize my information for supporting products as communicated by one of the Credit Provider's Partners	<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 authorise 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 this application	<input type="checkbox"/>	<input type="checkbox"/>
I also authorize the Credit Provider to share my payment behaviour with any credit agency.	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Date _____