

APPLICATION FOR INSTALMENT FINANCE-PG1

AutoCity Group

GOODS DESCRIPTION	NEW USED	MODEL	MAKE	M&M CODE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
DEALER/BRANCH										TEL NO.					
CONTACT PERSON				SALES PERSON				FAX NO.							
CASH PRICE (VAT INCL.)				VATABLE EXTRAS (VAT INCL.)				<input type="checkbox"/> INSTALMENT		<input type="checkbox"/> LEASE					
ADD COVER				RADIO /CD				TERM							
LICENCE/REG				NUMBER PLATES				RATE							
CREDIT LIFE				WARRANTY				<input type="checkbox"/> ADVANCE		<input type="checkbox"/> ARREARS					
DEPOSIT/TRADE IN				OTHER				RESIDUAL							
FINANCE 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		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							
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 (FOR EXPLANATORY VERSION)		<input type="checkbox"/> OTHER:									

Signature _____ Date _____

APPLICATION FOR INSTALMENT FINANCE-PG2

AutoCity Group

APPLICANT INITIALS	SURNAME
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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 SURETY GUARANTOR 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 ALL EMAIL POST TELEPHONE SMS

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: _____
- I. I hereby grant the Credit Provider the right to communicate with me through any electronic/written media of 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 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.
 I hereby declare that all of the above information is true and correct.

Signature _____ Date _____