



**APPLICATION FOR INSTALMENT FINANCE-PG1**

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"/>	
DEALER/SUPPLIER	<b>Euro Mark Motor Group</b>						TEL NO.	<b>(012) 329 7800</b>				
F&I CONTACT PERSON	SALES PERSON					FAX NO.	<b>(012) 329 9016</b>					
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		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						
<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		R				
<b>EMPLOYER DETAILS</b>	EMPLOYER					OCCUPATION						
EMPLOYER ADDRESS					TEL		NO. OF YEARS					
SALARY DATE			PREVIOUS EMPLOYER			NO. OF YEARS						
SPOUSE EMPLOYER					NO. OF YEARS							
TEL					OCCUPATION							
<b>BANK DETAILS</b>	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									
<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)										
		<input type="checkbox"/> ZULU (FOR AN EXPLANATORY VERSION) <input type="checkbox"/> SOTHO (FOR AN EXPLANATORY VERSION)										

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

# APPLICATION FOR INSTALMENT FINANCE-PG2

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: \_\_\_\_\_

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.	<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 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.	<input type="checkbox"/>	<input type="checkbox"/>

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

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