



APPLICATION FORM

Required Documents:

ID & Drivers
 Latest 3 months Payslips
 Latest 3 months Bank Statements
 Latest Proof of Address

PERSONAL DETAILS		TITLE	SURNAME		ID No.
FULL NAMES				INITIALS	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MARRIED DATE MARRIED: _____	<input type="checkbox"/> ANC	<input type="checkbox"/> COP	<input type="checkbox"/> SINGLE	<input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED
STREET ADDRESS (Where you live now)				PERIOD	
TEL(H)	TEL(W)	CELL	FAX		
POSTAL ADDRESS				CODE	
EMAIL ADDRESS					
EMPLOYER DETAILS		GRADUATE		YES / NO	OCCUPATION
EMPLOYER			TEL	YRS	MTS
EMPLOYER STREET ADDRESS				PERIOD	
SALARY DATE		INSTALMENT DATE			
SPOUSE NAMES			SPOUSE ID		
SPOUSE EMPLOYER				PERIOD	
CELL NR:		OCCUPATION			
NEXT OF KIN -NAME & SURNAME			RELATIONSHIP		
ADDRESS			TEL		
BOND DETAILS (BANK)		BOND HOLDER(BANK)		AMOUNT OUTSTANDING	R
PROPERTY VALUE R		INSTALMENT	R	PM	PURCHASE PRICE R
DATE PURCHASED		REGISTERED <input type="checkbox"/>	OWN NAME <input type="checkbox"/>	SPOUSE	RENTING BOARDING R
BANKING DETAILS - APPLICANT					
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	
LANGUAGE PREFERENCE		<input type="checkbox"/> ENGLISH (PRIMARY)		<input type="checkbox"/> AFRIKAANS (FOR AN EXPLANATORY VERSION)	

Signature _____

Date _____

APPLICANT INITIALS :		SURNAME :	
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HOUSEHOLD INCOME DETAILS – APPLICANT (PER MONTH)			
BASIC SALARY (Gross)	R	LESS TAX	R
CAR ALLOWANCE (Gross)	R	LESS MEDICAL AID, PENSION, ETC.	R
MONTHLY COMMISSION (Gross)	R	LESS OTHER DEDUCTIONS FROM SALARY	R
INCOME OTHER THAN SALARY/WAGES (Gross)	R		R
OTHER HOUSEHOLD INCOME (Gross) Specify :	R	NETT TAKE HOME PAY (A)	R

HOUSEHOLD'S EXPENSES PER MONTH:			
BOND PAYMENT / RENT	R	RATES, WATER & ELECTRICITY	R
VEHICLE INSTALMENTS (EXCLUDING THOSE TO BE SETTLED NOW)	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 REGULAR PAYMENTS / COSTS	R
	R	PROVIDE DETAILS	
SUB TOTAL	R	TOTAL MONTHLY EXPENSES (B)	R

TOTAL HOUSEHOLD DISPOSABLE INCOME	TOTAL INCOME (A) R _____ - TOTAL EXPENSES (B) R _____	Disposable Income
	=	R

I confirm that:

- A. I am not a minor.
- B. I have never been declared mentally unfty 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.
- I. The information provided by me in this application is true and correct.

If any of the above is incorrect give details:

Declaration by client:

I hereby grant the Credit Provider the right:

- i) to include me in any Telemarketing Campaign YES / NO
- ii) to include me in any Marketing List that you may sell or distribute YES / NO
- iii) to include me in any mass distribution of e-mails or SMS messages YES / NO
- iv) **I hereby give my consent to receive direct marketing of goods or services to be marketed by means of electronic communication YES / NO**
(For the Processing of personal information for the purpose of direct marketing interms of section 69(2)of the POPI Act 2013(Act 4 of 2013))

I understand that I will be liable for a monthly service fee.

I hereby consent to this Credit Provider making enquiries regarding my credit history with any credit bureau.

I consent to this Credit Provider reporting the conclusion of any credit agreement with me to the National Loans Register in compliance with this Credit Provider's obligation under the National Credit Act.

Signature _____

Date _____