

ANDRE GROENEWALD MOTORS

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 Andre Groenewald Motors				TEL NO. 021 591 0068											
F&I CONTACT PERSON			SALES PERSON			FAX NO. 021 591 8958									
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									
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)									

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 _____