

APPLICATION FOR INSTALMENT FINANCE - PAGE 1 OF 2

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							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											
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 you have supplied regarding your personal and financial matters will be treated as confidential. Wayne Munroe Cars requires your consent to utilise 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 Wayne Munroe Cars or it's partners. I hereby consent to information supplied by me to be made available to credit bureaus. I hereby consent to Wayne Munroe Cars collecting data from the credit bureaus to verify the information given by me on this application form.

Signature _____ Date _____

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"/>

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Signature _____