

APPLICATION FOR INSTALMENT FINANCE - PGI

GOODS DESCRIPTION		NEW USED	MODEL	MAKE	M&M CODE	
DEALER/SUPPLIER					TEL NO.	
F&I CONTACT PERSON			SALES PERSON		FAX NO.	
CASH PRICE VAT INCL.		VARIABLE EXTRAS VAT INCL.		☐ INSTALMENT ☐ LEASE ☐ RENTAL ☐ OTHER		
ADD COVER		RADIO/TAPE		TERM		
LICENCE/REG		NUMBER PLATES		RATE		
CREDIT LIFE		WARRANTY		☐ ADVANCE ☐ ARREARS		
DEPOSIT/TRADE IN		OTHER		RESIDUAL		
FINANCABLE AMOUNT		R	OTHER		INSTALMENT R	
ID NUMBER		TITLE	SURNAME	ID NO.		
FULL NAMES				INITIALS		DEPENDANTS
☐ MALE ☐ FEMALE		☐ MARRIED ☐ ANC ☐ COP ☐ SINGLE ☐ 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 HOLDER		BOND HOLDER			AMOUNT OUTSTANDING	
PROPERTY VALUE		R	INSTALMENT		R	PURCHASE PRICE
DATE PURCHASED		REGISTERED		☐ OWN NAME ☐ 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		
BASIC MONTHLY				OTHER		
BANK DETAILS		BANK NAME		BRANCH NAME		BRANCH CODE
NAME OF ACCOUNT HOLDER				ACCOUNT NO.		
☐ CREDIT CARD ☐ SAVINGS ☐ TRANSMISSION ☐ CURRENT						
DETAILS OF ACCOUNT		BRANCH		ACCOUNT NO.		PAID UP/CURRENT/TO BE SETTLED
RACE		☐ AFRICAN ☐ COLOURED ☐ INDIAN ☐ WHITE				
LANGUAGE		☐ ENGLISH (PRIMARY) ☐ AFRIKAANS (FOR AN EXPLANATORY VERSION)				
		☐ ZULU (FOR AN EXPLANATORY VERSION) ☐ SOTHO (FOR AN EXPLANATORY VERSION)				

Signature X Date

APPLICATION FOR INSTALMENT FINANCE - PG2

APPLICANT INITIALS:			SURNAME:		
ID NR:					
THE FOLLOWING ARE YOUR 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				
THE FOLLOWING ARE YOUR 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:					
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			Y	N	
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.			☐	☐	
I authorize 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			☐	☐	
I also authorize the Credit Provider to share my payment behaviour with any credit agency.			☐	☐	

Signature X Date _____

Consent to electronically obtain account statements from financial institutions

Name of account holder (you)* _____

**One account holder per consent form*

Identity/Passport/Registration Number _____

Absa Bank Ltd, FirstRand Bank Ltd and Nedbank Ltd and Standard Bank (the Banks) work with each other and other financial institutions to fight, amongst other crimes, finance application fraud. In these dealings, the Banks ensure that all personal and financial information about clients are protected and kept strictly confidential.

For the purpose of assessing the finance application that _____ will submit on your behalf to any or all of the Banks in the name of _____, the Banks need your consent to obtain your bank statement(s) directly from other financial institutions (as specified below). The Banks will exchange only the bank statements you have authorised and these will be safeguarded and not used for any other purposes other than the finance application for which you have consented. Bank account statements obtained will also be limited to the period necessary to assess the finance application.*

Your signature below confirms that the Banks have your consent to obtain bank statement(s) on the following account(s) (that show your account transaction history) and if there is a problem with the electronic retrieval of some or all of the required bank statements for any reason, the Banks will contact you to provide physical copies.

Account 1:

Name of bank/institution _____

Account type/ description _____

Branch name _____ Branch number _____

Account number _____

Account 2:

Name of bank/institution _____

Account type/ description _____

Branch name _____ Branch number _____

Account number _____

Signature _____ Date _____

If account is in the name of a legal entity:

Name of signatory/ies _____

Capacity of signatory/ies _____



**CONSENT TO ELECTRONICALLY OBTAIN PAYSLIPS
FROM EMPLOYER PAYROLL PROVIDER**

Name of employee	...
------------------	-----

[illegible]

Nedbank (we) works with other financial institutions to fight, amongst other crimes, vehicle and asset finance application fraud. In these dealings, we ensure that all personal and financial information about clients are protected and kept strictly confidential.

For the purpose of assessing the vehicle and asset finance application in the name of we need your consent to obtain your payslip(s) directly from your employer's payroll provider on condition that the information is available on the Secure-X website. The institutions involved will exchange no further information than the payslips you have authorised and these will be safeguarded and not used for any other purposes. Payslips obtained will also be limited to the period necessary to assess the vehicle and asset finance application.

Your signature below confirms we have consent to obtain the payslip(s) directly from your employer's payroll provider and if there is a problem with the electronic retrieval of some or all of the required payslips for any reason, we will contact you to provide physical copies.

Signature _____

Date

8. 5. 2014

CREDIT CHECK CONSENT & AUTHORITY.

For reference check purposes please complete & sign correctly

Client 1: _____

Identity Number: _____

Address: _____

Client 2: _____

Identity Number: _____

Address: _____

Telephone no's: _____

I/we, the undersigned, do hereby authorise & request LUCID Legal Business Services (Pty) Ltd with registration number 2003/016694/07 (referred to hereinafter as "LUCID"), LUCID to obtain Credit Bureau reports in my/our name/s. I/we, the undersigned, do further hereby appoint LUCID as my legal agent, entrusted with the authority to obtain my confidential credit report data on my/our behalf from one or more Credit Bureaus in South Africa and make same available to me/us upon request; to provide financial advice, offer me services that I may need and to further consult with me regarding the contents of said data display on the credit report/s to me/us telephonically. I/we understand that I/we may revoke this authorization & consent, in writing, at any time except for the information already released as a result of this authorization provided it is not after this document has been submitted. I/we further understand, that unless revoked this authorisation in writing, it will remain in force and effect.

I/we hereby certify that the following documentation has been attached hereto:

1. Valid Proof of Residential Address (E.g. Water & Lights Bill); and
2. A Copy of my/our Identity Document/s

Signature _____ Signature _____

Date _____ Date _____

Consultant name: _____

Telephone: _____ Fax: _____