

Individual Application for Finance

<p>Applicant Type: Individual Applicant <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Surety/Co-Debtor <input type="checkbox"/> ID/Passport No. _____ Citizenship SA <input type="checkbox"/> Other <input type="checkbox"/> (If not SA resident, state country of Residence) Country of Residence _____ Permit Type _____ Permit No. _____ PermitExpDate ___/___/___ DD/MM/YY Country Issued _____ Issue Date ___/___/___ DD/MM/YY Expiry Date ___/___/___ DD/MM/YY Surety ID No. (If appli) _____</p> <p>Transaction Type: Instalment Sale <input type="checkbox"/> Lease <input type="checkbox"/> Rental <input type="checkbox"/> LangPref: E <input type="checkbox"/> A <input type="checkbox"/> Other <input type="checkbox"/> EthnicGroup: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/></p> <p>Applicant's Details: Title _____ Initials _____ Surname _____ First Name _____ Middle Name _____ Gender M <input type="checkbox"/> F <input type="checkbox"/> Graduate? Y <input type="checkbox"/> N <input type="checkbox"/> Trading as/ Name _____ Tax No. _____ VAT No. _____ HomeTelNo. (_____) _____ Cell No. _____ E-mail Address _____ Home Address: (Yrs ___ Mnth ___) _____ Suburb _____ Postal Code _____ Postal Address: (If Different from Residential) _____ Suburb _____ Postal Code _____ Previous Home Address: (Yrs ___ Mnth ___) _____ Suburb _____ Postal Code _____</p> <p>Employment Details: (Yrs ___ Mnth ___) Name _____ Address _____ Suburb _____ Postal Code _____ BusTelNo.(_____) _____ Fax No.(_____) _____ Type of Industry _____ Employee No. _____ EmpCont No.(_____) _____ Occupation _____ Previous Employment Details: (Yrs ___ Mnth ___) Name _____ Address _____ Suburb _____ Postal Code _____ EmpCont No. (_____) _____ Occupation _____</p> <p>Home Ownership: Do you own your Property? Y <input type="checkbox"/> N <input type="checkbox"/> (If Yes) In your name? <input type="checkbox"/> In your Spouse's? <input type="checkbox"/> Both? <input type="checkbox"/> Property Type: House <input type="checkbox"/> Townhouse <input type="checkbox"/> Flat <input type="checkbox"/> Erf Number _____ Suburb _____ Bond/Rental Payment per month: R _____ Bond Amount Outstanding: R _____ Purchase Price R _____ Current Value R _____ If a flexi/access bond, total facility granted? R _____ Bondholder Name _____</p> <p>Know Your Client (KYC): Face to Face On-Site <input type="checkbox"/> Face to Face Off-Site <input type="checkbox"/> Remote-Other <input type="checkbox"/></p>	<p>Dealer Code _____ Originating Branch _____ Input Branch _____ Credit Provider Introducing Branch _____ Marketer's Code _____ Marketers Name _____ Marketer's ID No. _____ Fax No.(_____) _____ Lead Provider _____ Lead Provider ID No. _____</p> <p>Marital Details: S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> No. of Dependants _____ Date Married ___/___/___ (DD/MM/YY) ANC <input type="checkbox"/> COP <input type="checkbox"/> OTHER <input type="checkbox"/> Spouse's Details: First Name _____ Surname _____ Income R _____ Spouses ID No./ DOB _____ Spouse Employer Name: _____ Spouse Employers Address: _____ Suburb _____ Postal Code _____ Relative's Details: (Nearest Relative in SA not living with you) Relationship _____ Relative's Tel No.(_____) _____ Surname _____ First Name _____ Relative's Address: _____ Suburb _____ Postal Code _____ Landlord's Details: (Name & Address of Landlord where goods will be kept) Landlord's Name: _____ Landlord Address: _____ Suburb _____ Postal Code _____</p> <p>Banking Details: Account Type: Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/> Bank Name _____ Branch Code _____ Account No. _____ Account Holder Name _____ (If appl) Overdraft Bal: R _____, _____ Limit: R _____, _____ Credit Card Company _____ Credit Card Number _____ Cr.Facility Bal: Straight R _____, _____ Budget R _____, _____ Cr.Facility Limit: Straight R _____, _____ Budget R _____, _____</p> <p>Existing &/or a previous Account with this Credit Provider: Branch No. _____ Account No. _____ Account Name _____ Instalment Amount per month R _____, _____ Number of Instalments _____ Current? <input type="checkbox"/> Paid up? <input type="checkbox"/> To be settled? <input type="checkbox"/></p> <p>Existing accounts with other Credit Provider? Name of Company _____ Account No _____ Instalment Amount per month - R _____, _____ Current? <input type="checkbox"/> Paid up? <input type="checkbox"/> To be settled? <input type="checkbox"/> Name of Company _____ Account No _____ Instalment Amount per month - R _____, _____ Current? <input type="checkbox"/> Paid up? <input type="checkbox"/> To be settled? <input type="checkbox"/></p>
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Individual Applicant <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Surety/Co-Debtor <input type="checkbox"/>		ID/Passport No. _____
Transaction Details: Goods Description _____		Applicant's Income Details:
Year Model _____ Salesman _____		Gross Remuneration R _____
Dealer Name _____ Dealer Tel No. (_____) _____		Monthly Commission R _____
Scheme Code _____ Buyline Code _____		Car Allowance included in Gross R _____
M&M Code _____ Period of Contract (Mnths) _____		Net Take-home Pay R _____
Special Requirements _____		Income other than Salary/Wages R _____
Balloon Payment _____ % R _____		Source of Income _____
Residual Value _____ % R _____		Total Monthly Income R _____
Purpose of Goods: Business <input type="checkbox"/> Private <input type="checkbox"/> Taxi <input type="checkbox"/> Commerce <input type="checkbox"/>		Applicant's Expenses per month:
Payment Frequency: Month <input type="checkbox"/> Bi-Ann <input type="checkbox"/> Quart <input type="checkbox"/> Annual <input type="checkbox"/>		Bond Payment / Rent R _____
Payment Mode: Advance <input type="checkbox"/> Arrears <input type="checkbox"/> Cash <input type="checkbox"/> DebitOrder <input type="checkbox"/>		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 Expenses R _____
		Applicant's Disposable Income R _____
Applicant's Financial Details:		Date Remuneration Received: ____/____/____ DD/MM/YY
Proposed Rate _____ %	Fixed <input type="checkbox"/> Linked <input type="checkbox"/>	Are you currently liable as: Surety <input type="checkbox"/> Guarantor <input type="checkbox"/> Co-debtor <input type="checkbox"/>
Selling Price (VAT inclusive) R _____		Specify Details: _____
Extras Description _____ R _____		
_____ R _____		
_____ R _____		
Total of Extras R _____		
Dealer VAPS Description _____ R _____		
_____ R _____		
Delivery Fee R _____		
Initial Fuelling Charges R _____		
License and Registration Costs R _____		
Initiation Fees to be financed? Y <input type="checkbox"/> N <input type="checkbox"/>		
Less Deposit /Initial Rental R _____		
Source of Deposit _____		
Total R _____		

Insurance-Bank VAPS	
InSale/Lease -Inside Act	Rental - Outside Act
Credit Life Monthly <input type="checkbox"/>	Credit Life Monthly <input type="checkbox"/> Term <input type="checkbox"/>
Cover Plus Monthly <input type="checkbox"/>	Cover Plus Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Term <input type="checkbox"/>
Extended Warranty Term <input type="checkbox"/>	Motor Comprehensive Monthly <input type="checkbox"/> Annual <input type="checkbox"/>
Other _____ <input type="checkbox"/>	Courtesy Car Monthly <input type="checkbox"/> Annual <input type="checkbox"/>
	Service & Maintenance Term <input type="checkbox"/>
	Extended Warranty Term <input type="checkbox"/>
	Other _____ <input type="checkbox"/>

Comprehensive Vehicle Insurance? Y N Policy No. _____ Monthly Annual

Existing Ins. Co Name _____ Tel No. (_____) _____ Broker Name _____ Tel No. (_____) _____

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.
- I. I have not received a S189 retrenchment notification in the last 6 months

If any of the above is incorrect, state which and give details: _____

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.

I hereby declare that the information provided by me is true and correct.

I confirm that I have not received a retrenchment notification (S189) from my employer

Signature of Applicant _____ Date _____

Product Suitability consent

I agree that the FirstRand Group may get and use my information from:

1. Credit bureaus, such as TransUnion
2. Third-party qualification data providers, that use information from universities and other educational institutions

To determine my eligibility for this application and if the solution being applied for is right for me – whether it is for transact, telecommunication, invest, rental and/or other value-added solutions.

I agree that the Group may get, use and share my information with:

3. The South African Fraud Prevention Services

To detect, prevent and prosecute financial crime or if the Group reasonably believes that I have given false or misleading information or documents.

You can manage your consent at any time through “My Profile” on the app.

Your consent is important to proceed with your application. Without it, we won’t be able to process your application. If you withdraw your consent it will impact the ongoing use of the solution.

For more information about the FirstRand Group, our solutions and your privacy, go to the Privacy Notice on our website.

By signing this document, you confirm that you have read, understand and accept the provisions set out herein.

Signed on this _____ day of _____ 20 _____ at _____

By: _____
Duly authorised and warranting such authority