

FAX NUMBER 017 687 0729 / 0866928301
EMAIL ADDRESS alansauto@lantic.net

ALAN'S AUTO

Individual Applicant Sole proprietor Surety/Co-Debtor
 Installment Sale Lease Rental

Surety ID (if applicable)

New Used

PERSONAL DETAILS

Surname		Dealer Code	
First Name		Originating Branch	
Middle Name/s		Input Branch	
ID/Passport	Tax No.	Marketer	
New ID	Vat No.	Marketer's ID	
Citizen SA <input type="checkbox"/>	Other <input type="checkbox"/>	Home No.	
Title	Initials	Lead Provider ID	
Permit No.	Cell No.	Tenant	
Permit Type	Email	Lodger	
Expiry Date	Gender M <input type="checkbox"/>	F <input type="checkbox"/>	Married <input type="checkbox"/>
Issued Date	Graduate? Y <input type="checkbox"/>	N <input type="checkbox"/>	Date Married
Country of Issue	Trading as	ANC <input type="checkbox"/>	Single <input type="checkbox"/>
Country of Res.	Language E <input type="checkbox"/>	A <input type="checkbox"/>	Other <input type="checkbox"/>
Home Address	Ethnic Group A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
Postal Address	Period Y <input type="checkbox"/>	M <input type="checkbox"/>	Widowed <input type="checkbox"/>
Previous Address	Period Y <input type="checkbox"/>	M <input type="checkbox"/>	Other <input type="checkbox"/>

EMPLOYMENT DETAILS

Employer's Name	Phone	Cont. No
Address	Postal	
Industry Type	Employee No.	Occupation
Period Y <input type="checkbox"/>	M <input type="checkbox"/>	
Previous Employer	Phone	Cont. No
Address	Postal	
Industry Type	Employee No.	Occupation
Period Y <input type="checkbox"/>	M <input type="checkbox"/>	

SPOUSE'S DETAILS

Spouse Name	Surname
ID Number	Date of Birth
Employer	Address

RELATIVE'S DETAILS

Relationship	Phone	Surname	First Name
Address	Postal		

HOME OWNERSHIP

Own Property? Y <input type="checkbox"/>	N <input type="checkbox"/>	In your Name? <input type="checkbox"/>	In your Spouse's? <input type="checkbox"/>	Both? <input type="checkbox"/>	House <input type="checkbox"/>	Townhouse <input type="checkbox"/>	Flat <input type="checkbox"/>
Bond/Rental PM R	Purchase Price R	If Flexi/Access Bond, Total Facility R					
Bond Outstanding R	Current Value R	Stand No.					
Phone:	E-mail:	ZIP Code:					
City:	State:	Annual income:					
Bond Holder Name							

BANKING DETAILS											
Account Type	Cheque	Savings	Transmission								
Branch Code					Bank Name						
Account Holders Name					Account No.						
Overdraft		R			Overdraft Limit			R			
Credit Card Coy.		R			Credit Card No.			R			
Cr Facility Bal Straight		R			Cr Budget			R			
Cr Facility Limit Straight		R			Cr Limit Budget			R			
EXISTING AND / OR A PREVIOUS ACCOUNT WITH THIS CREDIT PROVIDER											
Branch No.		Account No.			Current		Paid Up		To be Settled		
Account Name											
Installment Amount PM					Number of Installments						
EXISTING ACCOUNTS WITH OTHER CREDIT PROVIDER											
Company Name		Account No.		Monthly Installment		Current		Paid Up		To be Settled	
				R							
				R							
LANDLORD'S DETAILS (WHERE THE GOODS WILL BE KEPT)											
Name			Address					Postal			
INCOME DETAILS											
Spouse's Income				R							
Basic Salary				R							
+ Car Allowance				R							
+ Income Other than Salary, overtime, Shift allowance etc.				R							
+ Monthly Commission				R							
Total Monthly Income				R							
Net Take Home Pay				R							
Other Source of Income – trusts, maintenance, Rent				R							
Please Specify											
TOTAL HOUSEHOLD EXPENSES											
Bond Payment / Rent		R			Policy / Insurance Repayments			R			
Rates, Water, Electricity		R			Telephone Payment			R			
Vehicle Installments (Excluding those to be settled)		R			Transport Costs			R			
Personal Loan Repayments		R			Food and Entertainment			R			
Credit Card Repayments		R			Education Costs			R			
Furniture Accounts		R			Maintenance			R			
Clothing Accounts		R			Household Expenses			R			
Overdraft Repayments		R			UIF			R			
Medical Aid		R			Total Tax			R			
Pension		R			Other			R			
Total Monthly Expenses		R			Salary Date			Payment Date			
Applicants Disposable Income		R			Are you liable as:		Surety	Guarantor	Co-Debtor		
Specify Details of Liability											

INSURANCE-BANK VAPS INSTALMENT SALE/LEASE INSIDE THE NCA									
Credit Life	Monthly								
Cover Plus	Monthly								
Extended Warranty	Term								
Other									
INSURANCE-BANK VAPS RENTAL – OUTSIDE THE NCA									
Credit Life	Monthly		Term	Service & Maintenance	Term				
Cover Plus	Monthly	Annual	Term	Extended Warranty	Term				
Motor Comprehensive	Monthly	Annual							
Other									
COMPREHENSIVE VEHICLE INSURANCE									
Insurance Company Name						Phone			
Policy No.						Monthly		Annual	
Broker Name						Phone			
TRANSACTION DETAILS									
Goods Description									
Year Model	M & M Code				Dealer Name				
Scheme Code	Buy line Code				Dealer Phone				
Purpose of Goods Business	Private	Taxi	Commerce	Salesman					
Contract Period (Mths)	Payment Frequency (Mths)		Bi-annual	Quarterly	Monthly				
Payment Mode	Advance	Arrears	Cash	Debit Order	Special requirements				
Balloon Payment	%	Balloon Payment	R	Odometer Km's					
Residual Value	%	Residual Payment	R	Initiation Fees to be Financed			Y	N	
Proposed Rate	%	Fixed	Linked	Dealer VAPs			R		
Selling Price (VAT Inclusive)	R			Dealer VAPs			R		
Extras	R			Delivery Fee			R		
Extras	R			Initial Fuelling Charges			R		
Extras	R			License and Registration Costs			R		
Extras	R			Less Deposit / Initial Rental			R		
Total Extras	R			Grand Total			R		
Source of Deposit									
KNOW YOUR CUSTOMER									
Face to Face on-Site		Face to Face off-Site			Remote other				

I confirm that:

- I am not a minor.
- A court has never declared me mentally unfit.
- I am not subject to an Administration Order.
- I do not have any current application pending for debt restructuring or alleviation.
- I do not have any current debt re-arrangement in existence.
- I have not previously applied for a debt re-arrangement.
- I am not under sequestration.
- I do not have applications pending for credit, nor open quotations as envisaged in section 92 of the National Credit Act.

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.

Signature of Applicant

Date