



AUTO KING

APPLICATION FOR INSTALMENT FINANCE - Page 1

GOODS DESCRIPTION	NEW USED	MODEL	MAKE	M&M CODE	<input type="text"/>
DEALER/SUPPLIER Auto King, Milnerton, Cape Town				TEL NO.	083 762-7344
F&I CONTACT PERSON Len Smith		SALES PERSON Len Smith		FAX NO.	086 636-2331
CASH PRICE VAT INCL.	VATABLE 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)		
OTHER _____					

Signature _____ Date _____



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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: _____

- I. 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. Y N

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.

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 hereby declare that all of the above information is true and correct.

Signature _____ Date _____