

Tel: (011) 894-2668
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APPLICATION FOR INSTALMENT FINANCE-PG 1

GOODS DESCRIPTION	NEW USED	MODEL	MAKE	M&M CODE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
DEALER/BRANCH										TEL NO.							
CONTACT PERSON					SALES PERSON					FAX NO.							
CASH PRICE (VAT INCL.)					VARIABLE EXTRAS (VAT INCL.)					<input type="checkbox"/> INSTALMENT		<input type="checkbox"/> LEASE					
ADD COVER					RADIO /CD					TERM							
LICENCE/REG					NUMBER PLATES					RATE							
CREDIT LIFE					WARRANTY					<input type="checkbox"/> ADVANCE		<input type="checkbox"/> ARREARS					
DEPOSIT/TRADE IN					OTHER					RESIDUAL							
FINANCE 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			EMAIL					
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										
NEDBANK CLIENT		BRANCH		ACCOUNT NO.			INSTALMENTS			PAID UP/CURRENT/TO BE SETTLED							
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 EXPLANATORY VERSION)			<input type="checkbox"/> OTHER:									

Signature _____ Date _____

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APPLICATION FOR INSTALMENT FINANCE-PG2

APPLICANT INITIALS	SURNAME
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ID NO.

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

SOURCE OF OTHER INCOME**

TOTAL MONTHLY HOUSEHOLD INCOME (NET SALARY & OTHER) R

HOUSEHOLD 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

PLEASE TICK YOUR PREFERRED METHOD OF COMMUNICATION ALL EMAIL POST TELEPHONE SMS

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, state which and give details: _____

I. I hereby grant the Credit Provider the right to communicate with me through any electronic/written media of 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 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 credit application and / or application for insurance.

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

Signature _____ Date _____