

INDIVIDUAL APPLICATION FOR FINANCE

APPLICATION TYPE:				WESBANK 13581		STD BANK 699085670001	
Individual applicant <input type="checkbox"/>		Sole Proprietor <input type="checkbox"/>		Surety/Co-Debtor <input type="checkbox"/>		ABSA 38219	
MFC ICFPTA		DEALER NAME INSPECTA CAR LIFESTYLE AUTO PTY LTD					
ID/Passport No. _____				F&I NAME CORRIE			
Citizenship SA <input checked="" type="checkbox"/> Other <input type="checkbox"/> (If other, state country of residence)				F&I SURNAME VAN ZYL			
Country of Residence _____ Permit Type _____				F&I ID Number INS045			
Permit No. _____ Permit Exp Date _____				Fax Number 086 6267 826 OR 012 653-2853			
Surety ID No (if applicable) _____				Tel Number 0861 288 288			
Transaction Type <input type="checkbox"/> I <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/>		Lease <input type="checkbox"/>		Rental <input type="checkbox"/>		finance@lifestylemotors.co.za	
Language Pref. English <input type="checkbox"/>		Afrikaans <input type="checkbox"/>		Other <input type="checkbox"/>		Ethnic Group _____	
APPLICANT'S DETAILS:				MARITAL DETAILS:			
Title _____		Initials _____		S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/>		No of Dependants _____	
Surname _____				Date married _____		ANC <input type="checkbox"/> COP <input type="checkbox"/> Other <input type="checkbox"/>	
First Name _____		Middle Name _____		Spouse's Details: First Name _____			
Gender M <input type="checkbox"/> F <input type="checkbox"/>		Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>		Surname: _____		Income _____	
Trading as Name _____				Spouse's ID No / DOB _____			
Tax No _____		VAT no _____		Spouse Employer Name _____			
Home Tel _____		Vcell no _____		Spouse Employer Address _____			
E-mail address _____				Suburb _____ Postal code _____			
Home address		Years _____ Months _____		Relative's Details: (Nearest Relative in SA not living with you)			
Suburb _____		Postal code _____		Relationship _____		Tel no _____	
Postal Address				Surname: _____			
Suburb _____		Postal code _____		First Name _____			
Previous Home Address _____				Relative Address _____			
Suburb _____		Postal code _____		Suburb _____ Postal code _____			
Years _____ Months _____				Landlord's Details (Name & Address of Landlord where goods will be kept)			
Suburb _____ Postal code _____				Landlord's Name _____			
Suburb _____ Postal code _____				Landlord's Address _____			
Suburb _____ Postal code _____				Suburb _____ Postal code _____			
EMPLOYMENT DETAILS:				BANKING DETAILS			
Name _____		Years _____ Months _____		Account Type Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/>			
Address _____				Bank Name: _____ Branch Code _____			
Suburb _____		POSTAL CODE _____		Account No _____			
Tel No _____		Fax no _____		Account Holder Name _____			
Type of Industry _____		Employee No _____		If Applicable: Overdraft Balance R _____ Limit R _____			
Contact Tel no _____		Occupation _____		Credit Card Company _____			
Previous Employment Details:		Years _____ Months _____		Credit card Number _____			
Name _____				Cr. Facility Balance Straight _____ Budget R _____			
Address _____				Cr. Facility Limit Straight R _____ Budget R _____			
Suburb _____		Postal code _____		Existing and/or previous account with credit providers:			
Contact Tel no _____ Occupation _____				Credit Provider name: _____			
HOME OWNERSHIP:				Branch No _____			
Do you own your Property? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes- In your name <input type="checkbox"/> In your spouses name <input type="checkbox"/> Both <input type="checkbox"/>		Account No _____			
Property Type: House <input type="checkbox"/> Townhouse <input type="checkbox"/> Flat <input type="checkbox"/>		Account Name _____					
Erf No _____ Suburb _____		Bond / Rental payment per month: _____		Instalment amount per month _____		Number of instalments _____	
Bond amount outstanding _____		Purchase Price _____		Current <input type="checkbox"/> Paid up <input type="checkbox"/>		To be settled <input type="checkbox"/>	
Current Value _____		If a flexi-access bond, total facility granted? _____		Credit Provider name: _____			
Bondholder name _____		Branch No _____					
KNOW YOUR CLIENT (KYC)				Account No _____			
Face-to-face on-site <input checked="" type="checkbox"/>		Face-to-face Off-site <input type="checkbox"/>		Account Name _____		Instalment amount per month R _____	
Remote / Other <input type="checkbox"/>		Remote / Other <input type="checkbox"/>		Current <input type="checkbox"/> Paid up <input type="checkbox"/>		To be settled <input type="checkbox"/>	

Individual applicant	<input checked="" type="checkbox"/>	Sole Proprietor	<input type="checkbox"/>	Surety / Co-Debtor	<input type="checkbox"/>	ID /Passport Number			
TRANSACTION DETAILS:						APPLICANT'S INCOME DETAILS:			
Goods Description						Gross Remuneration			
Year Model						Monthly Commission			
Dealer Name & Tel no						Car Allowance included in gross			
DEALER NO						Net Take-Home Pay			
M & M Code						Income other than Salary / Wages			
Special Requirements						Source of other income			
Balloon Payment						Total Monthly Income			
Residual Value						Applicant's Expenses per Month:			
Purpose of Goods: Business <input type="checkbox"/> Private <input type="checkbox"/> Taxi <input type="checkbox"/> Commerce <input type="checkbox"/>						Bond Payment / Rent			
Payment Frequency Monthly <input type="checkbox"/> Bi-annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/>						Rates, Water & Electricity			
Payment Mode: Advance <input type="checkbox"/> Arrears <input type="checkbox"/> Cash <input type="checkbox"/> Debit Order <input type="checkbox"/>						Vehicle Instalments (Excluding those to be settled)			
APPLICANT'S FINANCIAL DETAILS:						Personal Loan Repayments			
Proposed Rate						Furniture accounts			
Selling Price (VAT Incl)						Clothing accounts			
Extras:						Overdraft Repayments			
Total of Extras						Policy / Insurance Repayments			
Dealer VAPS Description						Telephone payment			
Initial fuelling Charges						Transport costs			
License & Registration Costs						Food and Entertainment			
Initiation Fees to be financed Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						Education Costs			
LESS Deposit / Initial Rental						Maintenance			
Source of Deposit:						Household expenses			
TOTAL						TOTAL MONTHLY EXPENSES			
						Applicant's Disposable Income			
						Date Remuneration received			
						Are you currently liable as: Surety <input type="checkbox"/> Guarantor <input type="checkbox"/> Co-Debtor <input type="checkbox"/>			
						Specify Details:			

INSURANCE - BANK VAPS											
Instalment Sale / Lease - Inside Act						Rental - Outside act					
Credit Life	Monthly	<input type="checkbox"/>	Credit Life	Monthly	<input type="checkbox"/>	Term	<input type="checkbox"/>	Service & Maintenance	Term	<input type="checkbox"/>	
Cover Plus	Monthly	<input type="checkbox"/>	Cover Plus	Monthly	<input type="checkbox"/>	Annual	<input type="checkbox"/>	Extended Warranty	Term	<input type="checkbox"/>	
Extended Warranty	Term	<input type="checkbox"/>	Motor Comprehensive	Monthly	<input type="checkbox"/>	Annual	<input type="checkbox"/>	Other	Term	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	Courtesy Car	Monthly	<input type="checkbox"/>	Annual	<input type="checkbox"/>		Term	<input type="checkbox"/>	
Comprehensive Vehicle Insurance: Yes <input type="checkbox"/> No <input type="checkbox"/>											
Existing Insurance Company						Policy Number		Monthly		Annual	
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.

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

I. I would like to be included in any Telemarketing Campaign Yes No

J. I would like to be included in any Marketing List that you may sell or distribute. Yes No

K. I would like to be included in any mass distribution of e-mails or SMS messages. Yes No

I understand that I will be liable for a monthly service fee.

I hereby consent to the Credit provider making enquiries regarding my credit history with any credit bureau

I hereby consent to the 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
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