

Tel: (053) 712-93417
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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.)					VATABLE 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			
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	
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 <input type="checkbox"/> SURETY <input type="checkbox"/> GUARANTOR <input type="checkbox"/> 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 <input type="checkbox"/> ALL <input type="checkbox"/> EMAIL <input type="checkbox"/> POST <input type="checkbox"/> TELEPHONE <input type="checkbox"/> 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 _____