



# AUTO KING

## APPLICATION FOR INSTALMENT FINANCE - Page 1

GOODS DESCRIPTION	NEW USED	MODEL	MAKE	M&M CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
DEALER/SUPPLIER <b>Auto King</b>				TEL NO.											
F&I CONTACT PERSON			SALES PERSON			FAX NO.									
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									
<b>PERSONAL DETAILS</b>		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									
<b>BOND DETAILS</b>		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					
<b>EMPLOYER DETAILS</b>		EMPLOYER				OCCUPATION									
EMPLOYER ADDRESS				TEL		NO. OF YEARS									
SALARY DATE		PREVIOUS EMPLOYER				NO. OF YEARS									
SPOUSE EMPLOYER				NO. OF YEARS											
TEL				OCCUPATION											
<b>BANK DETAILS</b>		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									
<b>TRADE REFERENCE</b>		BRANCH		ACCOUNT NO.		INSTALMENTS		PAID UP/CURRENT/TO BE SETTLED							
<b>ETHNIC GROUP</b>		<input type="checkbox"/> AFRICAN		<input type="checkbox"/> COLOURED		<input type="checkbox"/> INDIAN		<input type="checkbox"/> WHITE							
<b>LANGUAGE PREFERENCE</b>		<input type="checkbox"/> ENGLISH (PRIMARY)				<input type="checkbox"/> AFRIKAANS (FOR AN EXPLANATORY VERSION)									
OTHER _____															

Signature \_\_\_\_\_ Date \_\_\_\_\_



## APPLICATION FOR INSTALMENT FINANCE - Page 2

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 \_\_\_\_\_