

Primo Executive Cars Finance

INDIVIDUAL APPLICATION

EDENVALE: 127 van Riebeck Avenue, Edenvale. Tel: 011 609 2813. BOKSBURG: 672 Trichardts Road Boksburg. Tel: 011 894 7891

APPLICANT TYPE:

Individual Applicant Sole Proprietor Surety/Co-Debtor

ID/Passport No. _____

Citizenship: SA Other (If not SA resident, state country of residence)

Country of Residence: _____ Permit Type: _____

Permit No.: _____ Permit Exp. Date: ___/___/___DDMMYY

Country Issued: _____

Issued Date: ___/___/___DDMMYY Expiry Date: ___/___/___DDMMYY

Surety ID No. (If appl.) _____

TRANSACTION TYPE: Instalment Sale Lease Rental

LANG. PREF: E A Other **ETHNIC GROUP:** A B C W

APPLICANT'S DETAILS:

Title: _____ Initials: _____

Surname: _____

First Name: _____ Middle Name: _____

Gender: M F Graduate: Y N

Trading as/ Name: _____

Tax No. _____ Vat No. _____

Home Tel No. (____) _____ Cell No. _____

Email Address _____

Home Address: (Yrs ____ Mnths ____)

Suburb _____ Postal Code _____

Postal Address (If different from Residential)

Suburb _____ Postal Code _____

Previous Home Address (Yrs ____ Mnths ____)

Suburb _____ Postal Code _____

EMPLOYMENT DETAILS: (Yrs ____ Mnths ____)

Name _____

Address _____

Suburb _____ Postal Code _____

Bus. Tel No. (____) _____ Fax No. _____

Type of Industry _____ Employee No.: _____

Emp. Contact No. _____ Occupation: _____

PREVIOUS EMPLOYMENT DETAILS (Yrs ____ Mnths ____)

Name _____

Address _____

Suburb _____ Postal Code _____

Bus. Tel No. (____) _____ Fax No. _____

Type of Industry _____ Employee No.: _____

Emp. Contact No. _____ Occupation: _____

HOME OWNERSHIP

Do you own your Property? Y N

(If Yes) In your name Spouse's Both

Property Type: House Townhouse Flat

Erf No. _____ Suburb _____

Bond/ Rental Payment per month: R _____

Bond Amount Outstanding: R _____

Purchase Price: R _____

Current Value: R _____

If a Flexi/access Bond, total facility granted? R _____

Bond Holder: _____

KNOW YOUR CLIENT (KYC):

Face to Face On-Site

Face to Face Off-Site

Remote-Other

DEALER CODE:

Originating Branch: _____ Input Branch: _____

Credit Provider Introducing Branch: _____

Marketer's Code: _____

Marketer's Name: _____

Marketer's ID No. _____ Fax No. (____) _____

Lead Provider: _____

Lead Provider's ID No. _____

MARITAL DETAILS: S M D W No. of dependants _____

Date Married: ___/___/___DDMMYY ANC COP Other

Spouse Details: First Name: _____

Surname: _____ Income R _____

Spouse ID No./DOB _____

Spouse Employer Name: _____

Spouse Employer Address: _____

Suburb _____ Postal Code _____

Relatives Details (Nearest relative in SA not Living with you)

Relationship: _____ Contact No. (____) _____

Surname: _____

First Name: _____

Relative's Address: _____

Suburb _____ Postal Code _____

Landlords Details (Name & Address of Landlord where goods will be kept)

Landlords Name \ Landlord's Address: _____

Suburb _____ Postal Code _____

BANKING DETAILS

Account Type: Cheque Savings Transmission

Bank Name: _____ Branch Code _____

Account No. _____

Account Holder Name: _____

(If appl.) Overdraft Bal.: R _____ Limit: R _____

Credit Card Company: _____

Credit Card No.: _____

Cr. Facility Bal: Straight R _____ Budget R _____

Cr. Facility Limit: Straight R _____ Budget R _____

Existing & / or a previous Account with this Credit Provider

Branch No.: _____

Account No.: _____

Account Name _____

Instalment Amount per Month: R _____

Number of Instalments: _____

Current Paid Up To be Settled

Existing accounts with other Credit Provider

Name of Company _____

Account No. _____

Instalment Amount per Month: R _____

Current Paid Up To be Settled

Name of Company _____

Account No _____

Instalment Amount per Month: R _____

Current Paid Up To be Settled

Individual Applicant <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Surety/Co-Debtor <input type="checkbox"/> TRANSACTION DETAILS: Goods Description _____ Year Model _____ Salesman _____ Dealer Name _____ Dealer Tel No. (____) _____ Scheme Code _____ Buying code _____ M&M Code _____ Period of Contract (Mnths) _____ Special Requirements: _____ Balloon Payment: _____ % _____ R _____ Residual Value: _____ % _____ R _____ Purpose of Goods: Business <input type="checkbox"/> Private <input type="checkbox"/> Taxi <input type="checkbox"/> Commerce <input type="checkbox"/> Payment Frequency: Month <input type="checkbox"/> Bi Ann <input type="checkbox"/> Quart <input type="checkbox"/> Annual <input type="checkbox"/> Payment Mode: Advance <input type="checkbox"/> Arrears <input type="checkbox"/> Cash <input type="checkbox"/> Debit Order <input type="checkbox"/>	ID passport No. _____ Applicants Income Details: Gross Remuneration R _____ Monthly Commission R _____ Car Allowance Included in Gross R _____ Net Take-home Pay R _____ Income other than Salary/Wages R _____ Source of Income _____ R _____ Total Monthly Income R _____ Applicant's Expenses per month: Bond Payment/ Rent R _____ Rates/ Water Electricity R _____ Vehicle Instalment (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 Expenses R _____ Applicants Disposable Income R _____ Date Remuneration Received: ____ / ____ / ____ DDDMMYY Are you currently liable as: Surety <input type="checkbox"/> Guarantor <input type="checkbox"/> Co-Debtor <input type="checkbox"/> Specify Details _____
APPLICANT'S FINANCIAL DETAILS: Proposed Rate _____ % Fixed <input type="checkbox"/> Linked <input type="checkbox"/> Selling Price (VAT inclusive) R _____ Extras Description: _____ R _____ _____ R _____ _____ R _____ Total Extras R _____ Dealer VAPS Description: _____ R _____ _____ R _____ Delivery Fee R _____ Initial Fuelling Charges R _____ License and Registration Costs R _____ Initiation fees to be financed? Y <input type="checkbox"/> N <input type="checkbox"/> Less Deposit/Initial Rental R _____ Source of Deposit _____ Total R _____	

Insurance Bank VAPS	
InSale / Lease – Inside Act	Rental Outside Act
Credit Life Monthly <input type="checkbox"/> Cover Plus Monthly <input type="checkbox"/> Extended Warranty Term <input type="checkbox"/> Other _____ <input type="checkbox"/>	Credit Life Monthly <input type="checkbox"/> Term <input type="checkbox"/> Cover Plus Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Term <input type="checkbox"/> Motor Comprehensive Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Courtesy Car Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Service & Maintenance Term <input type="checkbox"/> Extended Warranty Term <input type="checkbox"/> Other _____ <input type="checkbox"/>

Comprehensive Vehicle Insurance? Y N Policy No. _____ Monthly Annual
 Existing Ins. Co Name: 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 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 _____

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

I. I would like to be included in any Telemarketing campaign Y N

J. I would like to be included in any marketing list that you may sell or distribute Y N

K. I would like to be included in any mass distribution of emails or specials Y N

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

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

I consent to this 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: ____ / ____ / ____ DDDMMYY