

# Individual Application for Finance

## 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. \_\_\_\_\_ PermitExpDate \_\_\_\_/\_\_\_\_/\_\_\_\_DD/MM/YY  
Surety ID No. (If appli) \_\_\_\_\_  
**Transaction Type:** Instalment Sale  Lease  Rental   
**LangPref:** E  A  Other  **EthnicGroup:** 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. \_\_\_\_\_  
HomeTelNo. (\_\_\_\_\_) \_\_\_\_\_ Cell No. \_\_\_\_\_  
E-mail 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 \_\_\_\_\_  
BusTelNo.(\_\_\_\_\_) \_\_\_\_\_ Fax No.(\_\_\_\_\_) \_\_\_\_\_  
Type of Industry \_\_\_\_\_ Employee No. \_\_\_\_\_  
EmpCont No.(\_\_\_\_\_) \_\_\_\_\_ Occupation \_\_\_\_\_  
**Previous Employment Details:**(Yrs\_\_\_\_Mnths\_\_\_\_)  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Suburb \_\_\_\_\_ Postal Code \_\_\_\_\_  
EmpCont No. (\_\_\_\_\_) \_\_\_\_\_ Occupation \_\_\_\_\_

## Home Ownership:

Do you own your Property? Y  N   
(If Yes) In your name?  In your Spouse's?  Both?   
Property Type: House  Townhouse  Flat   
Erf Number \_\_\_\_\_ 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 \_\_\_\_\_  
Bondholder Name \_\_\_\_\_

## 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** \_\_\_\_\_  
Marketers Name \_\_\_\_\_  
Marketer's ID No. \_\_\_\_\_ Fax No.(\_\_\_\_\_) \_\_\_\_\_  
Lead Provider \_\_\_\_\_  
Lead Provider ID No. \_\_\_\_\_

**Marital Details:** S  M  D  W  No. of Dependants \_\_\_\_\_  
Date Married \_\_\_\_/\_\_\_\_/\_\_\_\_(DD/MM/YY) ANC  COP  OTHER

**Spouse's Details:** First Name \_\_\_\_\_  
Surname \_\_\_\_\_ Income R \_\_\_\_\_  
Spouses ID No./ DOB \_\_\_\_\_

**Spouse Employer Name:** \_\_\_\_\_  
**Spouse Employers Address:** \_\_\_\_\_  
Suburb \_\_\_\_\_ Postal Code \_\_\_\_\_

**Relative's Details:** (Nearest Relative in SA not living with you)  
Relationship \_\_\_\_\_ Relative's Tel No.(\_\_\_\_\_) \_\_\_\_\_  
Surname \_\_\_\_\_  
First Name \_\_\_\_\_

**Relative's Address:** \_\_\_\_\_  
Suburb \_\_\_\_\_ Postal Code \_\_\_\_\_

**Landlord's Details:** (Name & Address of Landlord where goods will be kept)  
**Landlord's Name:** \_\_\_\_\_  
**Landlord 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 Number \_\_\_\_\_  
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?

<b>Transaction Details:</b> Goods Description _____		<b>Applicant's Income Details:</b>	
Year Model _____ Salesman _____		Gross Remuneration R _____	
Dealer Name _____ Dealer Tel No. (_____) _____		Monthly Commission R _____	
Scheme Code _____ Buyline Code _____		Car Allowance included in Gross R _____	
M&M Code _____ Period of Contract (Mnths) _____		Net Take-home Pay R _____	
Special Requirements _____		Income other than Salary/Wages R _____	
Balloon Payment _____% R _____		Source of Income _____	
Residual Value _____% R _____		<b>Total Monthly Income R _____</b>	
<b>Purpose of Goods:</b> Business <input type="checkbox"/> Private <input type="checkbox"/> Taxi <input type="checkbox"/> Commerce <input type="checkbox"/>		<b>Applicant's Expenses per month:</b>	
<b>Payment Frequency:</b> Month <input type="checkbox"/> Bi-Ann <input type="checkbox"/> Quart <input type="checkbox"/> Annual <input type="checkbox"/>		Bond Payment / Rent R _____	
<b>Payment Mode:</b> Advance <input type="checkbox"/> Arrears <input type="checkbox"/> Cash <input type="checkbox"/> DebitOrder <input type="checkbox"/>		Rates, Water and Electricity R _____	
<b>I hereby grant Global Nissan the right to communicate with me through any electronic/written media or verbally in order to make available to me, their product offering and to utilise my information for supporting products (i.e. insurance quotes, ect.)</b> Y <input type="checkbox"/> N <input type="checkbox"/>		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 _____	
<b>Applicant's Financial Details:</b>		Education Costs R _____	
Proposed Rate _____% Fixed <input type="checkbox"/> Linked <input type="checkbox"/>		Maintenance R _____	
Selling Price (VAT inclusive) R _____		Household Expenses R _____	
Extras Description _____ R _____		Other R _____	
_____ R _____		<b>Total Monthly Expenses R _____</b>	
_____ R _____		<b>Applicant's Disposable Income R _____</b>	
<b>Total of Extras R _____</b>		Date Remuneration Received: ____/____/____ DD/MM/YY	
Dealer VAPS Description _____ R _____		Are you currently liable as: Surety <input type="checkbox"/> Guarantor <input type="checkbox"/> Co-debtor <input type="checkbox"/>	
_____ R _____		Specify Details: _____	
_____ 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 _____			
<b>Total R _____</b>			
<b>Insurance-Bank VAPS</b>			
<b>InSale/Lease -Inside Act</b>		<b>Rental - Outside Act</b>	
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"/> Term <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 _____ <input type="checkbox"/>	
Other _____ <input type="checkbox"/>	Courtesy Car Monthly <input type="checkbox"/> Annual <input type="checkbox"/>		
<b>Comprehensive Vehicle Insurance?</b> Y <input type="checkbox"/> N <input type="checkbox"/> Policy No. _____ Monthly <input type="checkbox"/> Annual <input type="checkbox"/>			
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 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. Y <input type="checkbox"/> N <input type="checkbox"/>			
J. I would like to be included in any Marketing List that you may sell or distribute Y <input type="checkbox"/> N <input type="checkbox"/>			
K. I would like to be included in any mass distribution of emails or SMS messages. Y <input type="checkbox"/> N <input type="checkbox"/>			
I understand that I will be liable for a 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 _____	