

Insert Company LOGO

|               |  |
|---------------|--|
| Fax Number    |  |
| Email Address |  |

**Individual Application**

Individual Applicant  Sole Proprietor  Surety/Co-Debtor   
 Instalment Sale  Lease  Rental   
 Surety ID (if applicable)   
 New  Used

| Personal Details   |  |   |               |                  |              |                   |         |  |            |                    |          |            |           |         |       |
|--------------------|--|---|---------------|------------------|--------------|-------------------|---------|--|------------|--------------------|----------|------------|-----------|---------|-------|
| Surname            |  |   |               |                  |              |                   |         |  |            | Dealer Code        |          |            |           |         |       |
| First Name         |  |   |               |                  |              |                   |         |  |            | Originating Branch |          |            |           |         |       |
| Middle Name/s      |  |   |               |                  |              |                   |         |  |            | Input Branch       |          |            |           |         |       |
| ID/Passport        |  |   |               |                  | Tax No.      |                   |         |  |            | Marketer           |          |            |           |         |       |
| New ID             |  |   |               |                  | VAT No.      |                   |         |  |            | Marketer's ID      |          |            |           |         |       |
| Citizenship SA     |  |   | Other         |                  | Home No      |                   |         |  |            | Lead Provider      |          |            |           |         |       |
| Title              |  |   | Initials      |                  |              |                   |         |  |            | Lead Provider ID   |          |            |           |         |       |
| Permit No.         |  |   |               |                  | Cell No      |                   |         |  |            | Tenant             |          |            |           |         |       |
| Permit Type        |  |   |               |                  | Email        |                   |         |  |            | Lodger             |          |            |           |         |       |
| Expiry date        |  |   |               |                  | Gender M     |                   | F       | Married                                |            | Divorced           |          | Single     |           | Widowed |       |
| Issued Date        |  |   |               |                  | Graduate? Y  |                   | N       | Date Married                           |            |                    | ANC      |            | COP       |         | Other |
| Country of Issue   |  |   |               |                  | Trading as   |                   |         |  |            |                    |          |            |           |         |       |
| Country of Res.    |  |   |               |                  | Language E   |                   | A       | Other                                  |            | Ethnic Group A     |          | B          | C         | W       |       |
| Home Address       |  |   |               |                  |              |                   |         |  |            | Period Y           |          | M          |           |         |       |
| Postal Address     |  |   |               |                  |              |                   |         |  |            | Postal             |          |            |           |         |       |
| Previous Address   |  |   |               |                  |              |                   |         |  |            | Period Y           |          | M          |           |         |       |
| Employment Details |  |   |               |                  |              |                   |         |  |            |                    |          |            |           |         |       |
| Employer's Name    |  |   |               |                  |              |                   | Phone   |  |            |                    | Cont. No |            |           |         |       |
| Address            |  |   |               |                  |              |                   |         |  |            | Postal             |          |            |           |         |       |
| Industry Type      |  |   |               |                  | Employee No. |                   |         |  | Occupation |                    |          |            | Period Y  |         | M     |
| Previous Employer  |  |   |               |                  |              |                   | Phone   |  |            |                    | Cont. No |            |           |         |       |
| Address            |  |   |               |                  |              |                   |         |  |            | Postal             |          |            |           |         |       |
| Industry Type      |  |   |               |                  | Employee No. |                   |         |  | Occupation |                    |          |            | Period Y  |         | M     |
| Spouse's Details   |  |   |               |                  |              |                   |         |  |            |                    |          |            |           |         |       |
| Spouse Name        |  |   |               |                  |              |                   | Surname |  |            |                    |          |            |           |         |       |
| ID Number          |  |   |               |                  |              |                   | DOB     |  |            |                    |          |            |           |         |       |
| Employer           |  |   |               |                  |              |                   | Address |  |            |                    |          |            |           |         |       |
| Relative's Details |  |   |               |                  |              |                   |         |  |            |                    |          |            |           |         |       |
| Relationship       |  |   |               | Phone            |              |                   |         | Surname                                |            |                    |          | First Name |           |         |       |
| Address            |  |   |               |                  |              |                   |         |  |            | Postal             |          |            |           |         |       |
| Home Ownership     |  |   |               |                  |              |                   |         |  |            |                    |          |            |           |         |       |
| Own Property? Y    |  | N | In your Name? |                  |              | In Your Spouse's? |         |  | Both?      |                    | House    |            | Townhouse |         | Flat  |
| Bond/Rental PM R   |  |   |               | Purchase Price R |              |                   |         | If Flexi/Access Bond, Total Facility R |            |                    |          |            |           |         |       |
| Bond Outstanding R |  |   |               | Current Val. R   |              |                   |         | Erf No.                                |            |                    |          |            |           |         |       |
| Bond Holder Name   |  |   |               |                  |              |                   |         |  |            |                    |          |            |           |         |       |

| <b>Banking Details</b>  |             |             |                       |                             |              |             |              |               |  |
|---|-------------|-------------|-----------------------|-----------------------------|--------------|-------------|--------------|---------------|--|
| Account Type  | Cheque      |             | Savings               |                             | Transmission |             |              |               |  |
| Branch Code   |             |             |                       |                             | Bank Name    |             |              |               |  |
| Account Holders Name  |             |             |                       |                             |              | Account No. |              |               |  |
| Overdraft   | R           |             |                       | Overdraft Limit             |              |             | R            |               |  |
| Credit Card Coy.  | R           |             |                       | Credit Card No.             |              |             | R            |               |  |
| Cr Facility Bal Straight R  | R           |             |                       | Cr Budget                   |              |             | R            |               |  |
| Cr Facility Limit Straight R  | R           |             |                       | Cr Limit Budget             |              |             | R            |               |  |
| <b>Existing and/or a previous Account with this Credit Provider</b> |             |             |                       |                             |              |             |              |               |  |
| Branch No   | Account No. |             |                       | Current                     |              | Paid Up     |              | To be Settled |  |
| Account Name  |             |             |                       |                             |              |             |              |               |  |
| Instalment Amount PM  |             |             | Number of Instalments |                             |              |             |              |               |  |
| <b>Existing accounts with other Credit Provider</b>                 |             |             |                       |                             |              |             |              |               |  |
| Company Name  |             | Account No. |                       | Monthly Instalment          |              | Current     | Paid Up      | To be Settled |  |
|   |             |             |                       | R                           |              |             |              |               |  |
|   |             |             |                       | R                           |              |             |              |               |  |
| <b>Landlord's Details (Where the goods will be kept)</b>            |             |             |                       |                             |              |             |              |               |  |
| Name  |             | Address     |                       |                             |              |             |              | Postal        |  |
| <b>Income Details</b>   |             |             |                       |                             |              |             |              |               |  |
| Spouses Income  |             |             |                       | R                           |              |             |              |               |  |
| Basic Salary  |             |             |                       | R                           |              |             |              |               |  |
| + Car Allowance   |             |             |                       | R                           |              |             |              |               |  |
| + Income Other than Salary, overtime, Shift allowance etc.          |             |             |                       | R                           |              |             |              |               |  |
| + Monthly Commission  |             |             |                       | R                           |              |             |              |               |  |
| Total Monthly Income  |             |             |                       | R                           |              |             |              |               |  |
| Net Take Home Pay   |             |             |                       | R                           |              |             |              |               |  |
| Other Source of Income - trusts, maintenance, Rent                  |             |             |                       | R                           |              |             |              |               |  |
| Please Specify  |             |             |                       |                             |              |             |              |               |  |
| <b>Total Household Expenses</b>                                     |             |             |                       |                             |              |             |              |               |  |
| Bond Payment/Rent   |             | R           |                       | Policy/Insurance Repayments |              |             | R            |               |  |
| Rates, Water, Electricity   |             | R           |                       | Telephone Payment           |              |             | R            |               |  |
| Vehicle Instalments<br>(Excluding those to be settled)              |             | R           |                       | Transport Costs             |              |             | R            |               |  |
| Personal Loan Repayments  |             | R           |                       | Food and Entertainment      |              |             | R            |               |  |
| Credit Card Repayments  |             | R           |                       | Education Costs             |              |             | R            |               |  |
| Furniture Accounts  |             | R           |                       | Maintenance                 |              |             | R            |               |  |
| Clothing Accounts   |             | R           |                       | Household Expenses          |              |             | R            |               |  |
| Overdraft Repayments  |             | R           |                       | UIF                         |              |             | R            |               |  |
| Medical Aid   |             | R           |                       | Total Tax                   |              |             | R            |               |  |
| Pension   |             | R           |                       | Other                       |              |             |              |               |  |
| Total Monthly Expenses  |             | R           |                       | Salary Date                 |              |             | Payment Date |               |  |
| Applicants Disposable Income  |             | R           |                       | Are you liable as:          |              | Surety      | Guarantor    | Co-Debtor     |  |
| Specify Details of liability  |             |             |                       |                             |              |             |              |               |  |

| <b>Insurance-Bank VAPS Instalment Sale/Lease Inside the NCA</b> |         |                          |      |                       |      |                                |  |                      |   |         |   |
|---|---------|--------------------------|------|-----------------------|------|--------------------------------|--|----------------------|---|---------|---|
| Credit Life   | Monthly |                          |      |                       |      |                                |  |                      |   |         |   |
| Cover Plus  | Monthly |                          |      |                       |      |                                |  |                      |   |         |   |
| Extended Warranty   | Term    |                          |      |                       |      |                                |  |                      |   |         |   |
| Other   |         |                          |      |                       |      |                                |  |                      |   |         |   |
| <b>Insurance-Bank VAPS Rental – Outside the NCA</b>             |         |                          |      |                       |      |                                |  |                      |   |         |   |
| Credit Life   | Monthly |                          | Term | Service & Maintenance | Term |                                |  |                      |   |         |   |
| Cover Plus  | Monthly | Annual                   | Term | Extended Warranty     | Term |                                |  |                      |   |         |   |
| Motor Comprehensive   | Monthly | Annual                   |      |                       |      |                                |  |                      |   |         |   |
| Other   |         |                          |      |                       |      |                                |  |                      |   |         |   |
| <b>Comprehensive Vehicle Insurance</b>                          |         |                          |      |                       |      |                                |  |                      |   |         |   |
| Insurance Company Name  |         |                          |      |                       |      |                                |  | Phone                |   |         |   |
| Policy No.  |         |                          |      |                       |      |                                |  | Monthly              |   | Annual  |   |
| Broker Name   |         |                          |      |                       |      |                                |  | Phone                |   |         |   |
| <b>Transaction Details</b>                                      |         |                          |      |                       |      |                                |  |                      |   |         |   |
| Goods Description   |         |                          |      |                       |      |                                |  |                      |   |         |   |
| Year Model  |         | M&M Code                 |      |                       |      | Dealer Name                    |  |                      |   |         |   |
| Scheme Code   |         | Buy line Code            |      |                       |      | Dealer Phone                   |  |                      |   |         |   |
| Purpose of Goods Business                                       |         | Private                  |      | Taxi                  |      | Commerce                       |  | Salesman             |   |         |   |
| Contract Period (Mths)  |         | Payment Frequency (Mths) |      |                       |      | Bi-annual                      |  | Quarterly            |   | Monthly |   |
| Payment Mode Advance  |         | Arrears                  |      | Cash                  |      | Debit Order                    |  | Special Requirements |   |         |   |
| Balloon Payment   | %       | Balloon Payment          |      |                       | R    | Odometer Km's                  |  |                      |   |         |   |
| Residual Value  | %       | Residual Payment         |      |                       | R    | Initiation Fees to be Financed |  |                      | Y |         | N |
| Proposed Rate   | %       | Fixed                    |      | Linked                |      | Dealer VAPs                    |  |                      |   | R       |   |
| Selling Price (VAT Inclusive)                                   |         | R                        |      |                       |      | Dealer VAPs                    |  |                      |   | R       |   |
| Extras  |         | R                        |      |                       |      | Delivery Fee                   |  |                      |   | R       |   |
| Extras  |         | R                        |      |                       |      | Initial Fuelling Charges       |  |                      |   | R       |   |
| Extras  |         | R                        |      |                       |      | Licence and Registration Costs |  |                      |   | R       |   |
| Extras  |         | R                        |      |                       |      | Less Deposit / Initial Rental  |  |                      |   | R       |   |
| <b>Total Extras</b>   |         | R                        |      |                       |      | <b>Grand Total</b>             |  |                      |   | R       |   |
| Source of Deposit   |         |                          |      |                       |      |                                |  |                      |   |         |   |
| <b>Know Your Customer</b>                                       |         |                          |      |                       |      |                                |  |                      |   |         |   |
| Face to Face on-Site  |         | Face to Face Off-Site    |      |                       |      | Remote Other                   |  |                      |   |         |   |

I confirm that:

- I am not a minor. -
- A court has never declared me mentally unfit.
- I am not subject to an Administration Order.
- I do not have any current application pending for debt restructuring or alleviation.
- I do not have any current debt re-arrangement in existence.
- I have not previously applied for a debt re-arrangement.
- I am not under sequestration.
- 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 would like to be included in any Telemarketing Campaign.  Y/N
- I would like to be included in any Marketing List that you may sell or distribute  Y/N
- I would like to be included in any mass distribution of emails or SMS messages.  Y/N

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