

DADA MOTORS PRETORIA

TEL: 012 335 8166

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Finance Application Individual

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

Country Issued _____

Issue Date ____/____/____ DD/MM/YY Expiry Date ____/____/____ 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 Dependents _____

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?

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 _____ Buyline 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"/> DebitOrder <input type="checkbox"/>	ID/Passport No. _____ Applicant's 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 _____ Total Monthly Income R _____ Applicant'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 Expenses R _____ Applicant's Disposable Income R _____ Date Remuneration Received: ____/____/____ DD/MM/YY 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 of Extras R _____ Dealer VAPS Description _____ R _____ _____ 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"/>	Credit Life Monthly <input type="checkbox"/> 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"/>	Motor Comprehensive Monthly <input type="checkbox"/> Annual <input type="checkbox"/>
Other _____ <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 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 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 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 _____