

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

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. _____

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.) _____

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 _____

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 _____

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? _____

Know Your Client (KYC):

Face to Face On-Site
 Face to Face Off-Site Remote-Other

Name of Company

Account No

Instalment Amount per month - R _____

Current? _____ Paid up? _____ To be settled? _____

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 Private Taxi Commerce

Payment Frequency: Month Bi-Ann Quart Annual

Payment Mode: Advance Arrears Cash DebitOrder

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.) Y N

Applicant's Financial Details:

Proposed Rate _____ % Fixed Linked

Selling Price (VAT inclusive) R _____

Extras Description R _____

R _____

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 N

Less Deposit /Initial Rental R _____

Source of Deposit _____

Total R _____

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 Guarantor Co-debtor

Specify Details: _____

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"/>	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"/>	

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 _____
