



The Motor Finance Corporation

Reg. No. 2001/012691/07

APPLICATION FOR INSTALMENT FINANCE-PG1

GOODS DESCRIPTION	NEW USED	MODEL	MAKE	M&M CODE	□□□□□□□□	
DEALER/SUPPLIER				TEL NO.		
F&I CONTACT PERSON		SALES PERSON		FAX NO.		
CASH PRICE VAT INCL.	VARIABLE EXTRAS VAT INCL.		<input type="checkbox"/> INSTALMENT <input type="checkbox"/> LEASE <input type="checkbox"/> RENTAL <input type="checkbox"/> OTHER			
ADD COVER	RADIO/TAPE		TERM			
LICENCE/REG	NUMBER PLATES		RATE			
CREDIT LIFE	WARRANTY		<input type="checkbox"/> ADVANCE <input type="checkbox"/> ARREARS			
DEPOSIT/TRADE IN	OTHER		RESIDUAL			
FINANCABLE AMOUNT	R	OTHER		INSTALMENT R		
PERSONAL DETAILS	TITLE	SURNAME	ID NO.			
FULL NAMES			INITIALS	DEPENDANTS		
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE MARRIED <input type="checkbox"/> ANC <input type="checkbox"/> COP <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED			DATE MARRIED			
HOME ADDRESS				PERIOD		
TEL(H)	TEL(W)	CELL	FAX	E-MAIL		
POSTAL ADDRESS					CODE	
PREVIOUS ADDRESS					PERIOD	
SPOUSE NAMES			SPOUSE ID			
NEXT OF KIN				RELATIONSHIP		
ADDRESS				TEL		
BOND DETAILS	BOND HOLDER			AMOUNT OUTSTANDING		
PROPERTY VALUE	R	INSTALMENT	R	/M PURCHASE PRICE		
DATE PURCHASED	REGISTERED	<input type="checkbox"/> OWN NAME <input type="checkbox"/> SPOUSE		RENTING	R	
EMPLOYER DETAILS	EMPLOYER			OCCUPATION		
EMPLOYER ADDRESS			TEL	NO. OF YEARS		
SALARY DATE	PREVIOUS EMPLOYER			NO. OF YEARS		
SPOUSE EMPLOYER			NO. OF YEARS			
TEL			OCCUPATION			
BANK DETAILS	BANK NAME	BRANCH NAME		BRANCH CODE		
NAME OF ACCOUNT HOLDER		ACCOUNT NO.				
<input type="checkbox"/> CREDIT CARD <input type="checkbox"/> SAVINGS <input type="checkbox"/> TRANSMISSION <input type="checkbox"/> CURRENT						
TRADE REFERENCE	BRANCH	ACCOUNT NO.	INSTALMENTS	PAID UP/CURRENT/TO BE SETTLED		
ETHNIC GROUP	<input type="checkbox"/> AFRICAN <input type="checkbox"/> COLOURED <input type="checkbox"/> INDIAN <input type="checkbox"/> WHITE					
LANGUAGE PREFERENCE	<input type="checkbox"/> ENGLISH (PRIMARY) <input type="checkbox"/> AFRIKAANS (FOR AN EXPLANATORY VERSION)					
OTHER _____						

Signature _____

Date _____

MFC is an authorised Financial Services and Credit Provider • NCR Registration No. NCRCP63

APPLICATION FOR INSTALMENT FINANCE-PG2



Reg. No. 2001/012691/97

APPLICANT INITIALS:		SURNAME:	
ID NR:			

PERSONAL APPLICATION FORM

SALARY DETAILS	OWN	SPOUSE
BASIC MONTHLY (EXCL CAR ALLOWANCE)	R	R
CAR ALLOWANCE	R	R
TOTAL SALARY (BASIC & CAR ALLOWANCE)	R	R
MONTHLY COMMISSION	R	R
NET TAKE HOME PAY	R	R
INCOME OTHER THAN SALARY/WAGES**	R	R

SOURCES OF OTHER INCOME**

TOTAL MONTHLY HOUSEHOLD INCOME (NET SALARY & OTHER) R

HOUSEHOLD'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 HOUSEHOLD EXPENSES	R		
HOUSEHOLD SURPLUS/DISPOSABLE INCOME	R		

ARE YOU CURRENTLY LIABLE AS: SURETY GUARANTOR CO-DEBTOR

SPECIFY DETAILS:

IF YOU HAVE SIGNED SURETY OR CO-DEBTOR PLEASE INDICATE THE FULL AMOUNT OUTSTANDING R

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 give details: _____

- I. I hereby grant the Credit Provider the right to communicate with me through any electronic/written media or verbally in order to make available to me, their product offering. Y N
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I hereby give consent to the Credit Provider to make enquiries about my credit record with any credit agency and to obtain whatever information on me they might require to process the application. I also give consent to the Credit Provider to share my payment behaviour with any credit agency.

I hereby grant the Credit Provider the right to increase my Credit Limit once every year to accommodate any Value Added Products needed and requested by me.

I hereby declare that all of the above information is true and correct.

Signature _____

Date _____

Consent to electronically obtain account statements from financial institutions

Name of account holder (you)* _____

**One account holder per consent form*

Identity/Passport/Registration Number _____

Absa Bank Ltd, FirstRand Bank Ltd and Nedbank Ltd (the Banks) work with each other and other financial institutions to fight, amongst other crimes, finance application fraud. In these dealings, the Banks ensure that all personal and financial information about clients are protected and kept strictly confidential.

For the purpose of assessing the finance application that _____ will submit on your behalf to any or all of the Banks in the name of _____, the Banks need your consent to obtain your bank statement(s) directly from other financial institutions (as specified below). The Banks will exchange only the bank statements you have authorised and these will be safeguarded and not used for any other purposes other than the finance application for which you have consented. Bank account statements obtained will also be limited to the period necessary to assess the finance application.

Your signature below confirms that the Banks have your consent to obtain bank statement(s) on the following account(s) (that show your account transaction history) and if there is a problem with the electronic retrieval of some or all of the required bank statements for any reason, the Banks will contact you to provide physical copies:

*** Please note that you are liable for any costs which may be charged by a Bank for each request received to provide bank statements on your behalf.**

Account 1:

Name of bank/institution _____

Account type/ description _____

Branch name _____ Branch number _____

Account number _____

Account 2:

Name of bank/institution _____

Account type/ description _____

Branch name _____ Branch number _____

Account number _____

Signature X _____ Date _____

If account is in the name of a legal entity:

Name of signatory/ies _____

Capacity of signatory/ies _____