

Personal Details (Client Fill In ALL FIELDS PLEASE)												
FIRST NAME						Copy ID Attached	Yes	No				
MIDDLE NAME						IDENTIFICATION TYPE	Valid ID	Passport				
SURNAME						DATE OF BIRTH	19 __ / __ / __					
ID NUMBER						Valid Driver's License + Code	Yes B / C1 / C / EB / EC1 / EC			No		
PREFERRED LANGUAGE	Eng			Afr		GENDER	Male		Female			
TITLE (Mr, Miss, Mrs, Dr, Prof)						RACE/ETHNIC GROUP	Black	Col	White	Asian		
COUNTRY OF NATIONALITY & RESIDENT						Date Of Marriage : 19 __ / __ / __						
MARITAL STATUS	Married		Single		MARITAL CONTRACT	ANC – Anti Nuptual Contract	COP – In Community of Property					
	Divorced		Widowed									
MOBILE NUMBER (____)	WORK TEL NO (____)				PREFERRED CONTACT METODE	Cell phone		Land line				
HOME TEL NO (____)	FAX NO (____)				MOBILE ACCOUNT TYPE	Contract		Pay-as-you-go				
Email Address :					Graduate: __ Yes / __ No							
NO OF DIPENDANTS INCLUDING SPOUSE					PURPOSE OF LOAN	<b>VEHICLE PURCHASE</b>						
WANT TO PARTICIPATE IN MARKETING SURVEYS		YES		NO	DOES THE CUSTOMER OWN ANY VEHICLE?		YES		NO			
HAS THE CUSTOMER TAKEN A PERSONAL LOAN BEFORE		YES		NO								
Vehicle Details ( DEALER WILL COMPLETE THIS SECTION)												
ARTICLE TYPE	Motor vehicle				ARTICLE	New Car		Pre Owned				
	Light duty vehicle				YEAR MODEL							
	Motorcycle				M & M Code							
USE OF ARTICLE	<input checked="" type="checkbox"/>	Private	<input type="checkbox"/>	Business	<input type="checkbox"/>	Taxi	RETAIL VALUE					
					KM READING							
ARTICLE MAKE / Model												
PURCHASE PRICE	R				TOTAL LOAN AMOUNT IF APPLYING FOR NEDBANK PERSONAL LOAN							

Dealer Extras (DEALER WILL COMPLETE THIS SECTION)			
ON THE ROAD CHARGES	R 1881 vat incl	Ocra Plus Roadside Assist 1Year	R 898.00 Vat Incl
2 YEAR WARRANTY	R 5118.60 vat Incl	Ocra Plus Roadside Assist 2 Year	R 1696.00 Vat incl
Ocra Roadside Assistance	R 670.00 vat incl		R

Finance Details (Client Fill In ALL FIELDS PLEASE)							
AGREEMENT	<input checked="" type="checkbox"/>	Instalment sale	REPAYMENT PERIOD	48	54	60	72
		Lease	INTEREST RATE				
PAYMENT FREQUENCY	<input checked="" type="checkbox"/>	Monthly	RESIDUAL VALUE %	__ %			
RATE INDICATOR		Fixed	FINANCE INITIATION FEES	Yes		No	
	<input checked="" type="checkbox"/>	Linked					
DEPOSIT AMOUNT	R	_____ . __	DEPOSIT PAID IN ADVANCE	Yes		No	

Residential Details (Client Fill In ALL FIELDS PLEASE)				
RESIDENTIAL ADDRESS				Use box number
				Use residential address
RESIDENTIAL SUBURB		PO BOX ADDRESS		
TOWN				
POSTAL CODE				
RESIDENTIAL STATUS ARE YOU :	Owner – bonded			
	Owner – bond free			
	Living With parents	OUTSTANDING BOND BALANCE		R _____ . ____
	Tenant	BONDED VIA		
	Lodger	PERIOD AT ADDRESS		__ Years & __ Months
PROPERTY CURRENT VALUE IF YOU ARE OWNER	R _____ . ____	DOES THE CUSTOMER HAVE AN ALTERNATE ADDRESS		
ERF NO				

Spouse Details (Client Fill In ALL FIELDS PLEASE)				
FIRST NAME		ID NO		
MIDDLE NAME		IDENTIFICATION TYPE	Valid ID	Passport
SURNAME		DATE OF BIRTH cc/yy/mm/dd	19 __ / __ / __	
MOBILE NUMBER		HOME TELEPHONE NO		
MONTHLY INCOME	R _____ . ____	WORK TELEPHONE NO		
UNDER ADMINISTRATION	Yes	No	ADDRESS	
BUSY WITH DEBT COUNSELLING	Yes	No		
UNDER CURATORSHIP	Yes	No		
UNDER INSOLVENTSY	Yes	No		Postal Code

Employer Details (Client Fill In ALL FIELDS PLEASE)				
EMPLOYER NAME / COMPANY NAME		OCCUPATION		
EMPLOYER INDUSTRY TYPE		EMPLOYMENT TYPE	Permanent	
CLIENT TYPE	Private individual		Contractual	
	Selfemployed		Selfemployed	
EMPLOYER ADDRESS			Pensioner	
SUBURB			Unemployed	
TOWN		EMPLOYMENT START DATE	19 __ / __ / __	
POSTAL CODE		HOW IS THE CUSTOMER PAID	MONTHLY	
			WEEKLY	
PERIOD EMPLOYED	__ Years & __ Months	PAYSLIP DATE		
ANNY ANNUAL BONUSES PAID	R _____ . ____	NET SALARY REFLECTING ON BANK STATEMENT		R _____ . ____
ALL PAYSLIP LOAN AMONTS REFLECING ON PAYSLIP	R _____ . ____	CONTACT NAME OF SUPERVISOR / MANAGER		

Applicant Income Details ( Client Fill in )				Spouse/Other Income Details ( Client Fill in )		
SOURCE OF FUNDS		Salary				
GROSS REMUNERATION	R	_____	_____	GROSS REMUNERATION	R _____	
MONTHLY COMMISSION (INC IN GROSS)	R	_____	_____	MONTHLY COMMISSION (INC IN GROSS)	R _____	
CAR ALLOWANCE (INC IN GROSS)	R	_____	_____	CAR ALLOWANCE (INC IN GROSS)	R _____	
OVERTIME (INC IN GROSS)	R	_____	_____			
NET TAKE-HOME PAY	R	_____	_____	NET TAKE-HOME PAY	R _____	
OTHER INCOME (Bonuses)	R	_____	_____	OTHER INCOME	R _____	
TOTAL MONTHLY INCOME	R	_____	_____	TOTAL MONTHLY INCOME	R _____	
Applicant Expenses				Spouse/Other Expenses		
BOND PAYMENT/RENT	R	_____	_____	BOND PAYMENT/RENT	R _____	
MUNICIPALITY RATES, WATER & ELECTRICITY	R	_____	_____	RATES, WATER & ELECTRICITY	R _____	
VEHICLE INSTALMENTS (EXC INSTALMENTS TO BE SETTELED)	R	_____	_____	VEHICLE INSTALMENTS (EXC INSTALMENTS TO BE SETTELED)	R _____	
PERSONAL LOAN REPAYMENTS	R	_____	_____	PERSONAL LOAN REPAYMENTS	R _____	
CREDIT CARD REPAYMENTS	R	_____	_____	CREDIT CARD REPAYMENTS	R _____	
FURNITURE ACCOUNTS	R	_____	_____	FURNITURE ACCOUNTS	R _____	
CLOTHING ACCOUNTS	R	_____	_____	CLOTHING ACCOUNTS	R _____	
OVERDRAFT REPAYMENT	R	_____	_____	OVERDRAFT REPAYMENT	R _____	
POLICY / INSURANCE PAYMENTS	R	_____	_____	POLICY / INSURANCE PAYMENTS	R _____	
TELEPHONE PAYMENTS	R	_____	_____	TELEPHONE PAYMENTS	R _____	
TRANSPORT COSTS (fuel)	R	_____	_____	TRANSPORT COSTS	R _____	
FOOD AND ENTERTAINMENT	R	_____	_____	FOOD AND ENTERTAINMENT	R _____	
EDUCATION COSTS	R	_____	_____	EDUCATION COSTS	R _____	
MAINTENANCE	R	_____	_____	MAINTENANCE	R _____	
HOUSEHOLD EXPENSES	R	_____	_____	HOUSEHOLD EXPENSES	R _____	
OTHER EXPENSES	R	_____	_____	OTHER EXPENSES	R _____	
<b>TOTAL EXPENSES</b>	R	_____	_____	<b>TOTAL EXPENSES</b>	R _____	
<b>DISPOSABLE INCOME</b>	R	_____	_____	<b>DISPOSABLE INCOME</b>	R _____	
Liability Details						
SURETY		YES		NO	SURETY DESCRIPTION	
GUARANTOR		YES		NO	GUARANTOR DESCRIPTION	
CO-DEBTOR		YES		NO	CO-DEBTOR DESCRIPTION	
UNDER ADMINISTRATION		YES		NO	HOW MANY GARNISHEE ORDERS ON THE PAYSLIP AND WHAT IS THE AMOUNTS	
BUSY WITH DEBT COUNSELLING		YES		NO		1
UNDER CURATORSHIP		YES		NO		2
UNDER INSOLVENCY		YES		NO		

Relative Details (Client Fill In ALL FIELDS PLEASE)				
FIRST NAME		SURNAME		
RELATION TO YOU		PREFERRED CONTACT METHOD	Cellphone	Landline
HOME PHONE NUMBER	( ____ )	RELATIVE'S ADDRESS		
WORK TEL NUMBER	( ____ )	RELATIVE'S SUBLURB		
CELL NUMBER		RELATIVES TOWN		
		POSTAL CODE		

Banking Details (Client Fill In ALL FIELDS PLEASE)				
ACCOUNT HOLDER'S NAME				
BANK NAME		BANK BRANCH		
BRANCH CODE		ACCOUNT TYPE	Cheque	Saving
DATE BANK ACCOUNT WAS OPENED	1 9 __ / __ / __	ACCOUNT OLDER THAN 2 MONTHS	Yes	No
I have a <b>valid</b> bank account number and would like to enter it?	Yes	No	BANK ACCOUNT NUMBER	
PAYMENT METHOD	Debit order	Cash	SETTLE EXISTING VEHICLE INSTALMENT	Yes
BANK NAME (ACCOUNT TO BE SETTLED)		ACCOUNT NO. TO SETTLE		
SETTLEMENT AMOUNT		MONTHLY INSTALMENT (ACCOUNT TO BE SETTLED)		
1 <sup>ST</sup> PAYMENT DATE	1	25	30	

## **NB : Also needed**

- 1) CLEAR ID COPY
- 2) Clear Drivers Licence Copy
- 3) Proof of residence ( any account with home address on)
- 4) 1 months Pay slips ( Latest ) Commission earners need to provide 3 months payslips!!
- 5) 1 months Bank statements ( over the counter with bank stamp on) Commission earners need to provide 3 months bank statements !!
- 6) FAX ALL DOCUMENTS TO **021 853 3727**
- 7) NB !! PLEASE NOTE APPLICATION **CAN NOT** BE SUBMITTED WITHOUT **EVERY** QUESTION ANSWERED !!!