

Individual application for finance

Applicant type							
Individual Applicant	Sole proprietor			1			
Identity/Passport number:				J			
Date of Birth				-			
South African citizen	Other (If not So	outh African resident, state o	country of residence)				
Country of Birth			Permit Type				
Permit/passport number	Permit/passport date (YYYY-MM		Surety Identity Num (if applicable)	nber			
Agreement Type	Instalment Sale	Lease	Rental				
Language preference	English	Afrikaans	Other				
Ethnic group	Asian	Black	Coloured	White			
Applicant details							
Title: Initials:	Suri	name	First Name:				
Middle Name		Gender Male	Female Graduate	Yes No			
Trading as							
Tax number:	VAT numb	per:	Home telephone nr	:			
Callabana nr	Email add	lanna.	Business Tel nr				
Cellphone nr:	Email add	ress:	Fax nr:				
Home address			D. i descridios				
Suburb		Postal code	Period residing at property (YY-MM	I)			
Postal address (if different from residential address)							
Suburb		Postal code					
Previous Home Address (Yrs	Mnths)						
Suburb		Postal code					
Pre-screen questions							
*Are you currently under debt	review	Yes	No				
*Are you currently under sequ Insolvency Details	estration	Yes	No Rehabioita	ited			
*Are you currently under an ac	dministration order	Yes	No				
* Any Cort Judgements?		Yes	No Rescinded				
Judgement Details			*				

Employment details						
Name						
Address						
Addicas						
Suburb						
Business	Employer contact					
Telephone nr Fax Numb						
Type of Industry	number					
	Period at employer					
Occupation	Years Months					
Previous Employment Details:(YrsMnths Name) Address					
· vanie	7447000					
Suburb	Postal code EmpCont No.					
Occupation						
Home ownership						
Home ownership Do you own property Yes	No					
If yes: Bond free						
Suburb	Both Other Homeloan held with					
	. Sholour hold war					
Bond/Rental payment per month R	Bond amount outstanding R					
Current Value R	Purchase price R					
If a flevi/access hand, total facility granted B	Bond holders name					
If a flexi/access bond, total facility granted R	Dolid Holidels Halfle					
Personal Details						
Marital Details Single COP after 1984 Number of	ANC COP pre 1984 Divorced Widowed Traditional Other					
Date married dependants						
Spouse's details	If other please specify					
Surname	First name					
Gross monthly income R	Spouse's Identity No: Number-Date of birth					
Oroso monany moone it rumber-bate of bitti						
Spouse's employer name						
Spouse's employers address						
opouse s employers address						
Suburb	Postal code					
Relative's details (Nearest relative in SA not living						
Relative 1	ng with you)					
Relationship	Relative's telephone number					
	Email Address					
Surname	First Name					
Relative's address						
Relative's address						
Suburb	Postal code					
Relative 2						
Relationship	Relative's telephone number					
Surname	Email Address First Name					
Relative's address						
Suburb	Postal code					

Landlord's details (Name & address of landlord where goo	ods will be kept) if applicable		
Landlord's name			
Landiord's name			
Landlord address			
Suburb	Postal code		
Banking details			
Account type Cheque Savings	Transmission		
Bank name	Branch name		
Account holder name	Account number Branch code		
Credit card company			
Credit card company			
Credit card number			
Cr.Facility Bal: Straight R	Budget R		
Cr.Facility Limit: Straight R	Budget R		
Number of years at bank:	Overdraft Facility:		
Existing & / or a previous Account with this Cre	dit Providor		
Existing & 7 of a previous Account with this cre	uit F10viuei.		
Branch No	Account No		
Account Name	Instalment amount per month R		
Number of Instalments	Current? Paid up? To be settled?		
_	Outroiti:		
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?		
Transaction details			
Asset details			
Year model Salesman			
Dealer Dealer name telephone nun	Dealer nber fax number		
M & M code	Period of contract (months)		
Special requirements			
Balloon payment % R Re	esidual value % R		
Purpose of goods Business Private	Payment Taxi Frequency Monthly Bi-annually		
Trading as	Taxi Frequency Monthly Bi-annually		
Payment Advance Arrears	Quarterly Annual Cash Debit-Order		
mode Advance Advance	Debit-Order		

Applicant's Financial Deta	ils (Asset)	Comprehensive Vehicl	e Insurance
Proposed rate %	Fixed Linked		Yes No
Selling price (VAT inclusive)		for proposed assets	
Extras description	R		
	R	Policy number	Monthly Annual
	R		
	R	Existing insurance company na	ame
Total of extras	R		
Delivery fee	R		
Initial fueling charges	R		
License and registration costs	R		
		Telephone number	
Initiation fee to be financed	Yes No		
Less deposit/ Initial rent	R	Broker name	
Source of deposit			
Total	R	Telephone number	
Applicant's income details			
Gross Remuneration	R	Transport costs	R
Monthly commission	R	Food and Entertainment	R
Car Allowance included in Gross	R	Education Costs	R
Net Take-home Pay	R	Maintenance	R
Income other than Salary/Wages	R	Household expenses	R
Source of income		Other	R
Total monthly income	R		
Applicant's expenses		Total Monthly Expenses	R
per month:		Applicant's Disposable	
Bond payment / Rent	R	income:	R
Rates, Water and Electricity	R		
Vehicle Instalments	R	Date remuneration received:	
(excluding those to be settled)			-
Personal Loan Repayments	R	Are you currently liable as: S	urety Guarantor
Credit Card Repayments	R		Co-debtor
Furniture Accounts	R		
Clothing Accounts	R	Specify details:	
Overdraft repayments	R		
Policy/Insurance Repayments	R		
Telephone Payment	R		
		•	
Accountant Information			
Name of accountant:		Contact person:	
Number of years at accountant:		Contact nr:	
Adress of accountant:			
		Postal code:	

I confirm that -							
A) Language and a minute							
,							
1 '							
C) I am not subject to an Administration Order.	a an allaviation						
D) I do not have any current application pending for debt restructuring	ig 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.							
'	,						
H) I do not have applications pending for credit, nor open quotations	as envisaged in section 92 of the Natio	onal Credit Act.					
If any of the above is incorrect, state which and give details:							
May we appear you to inform you of our other was direct and assistance of	high many include an agial	Yes No					
May we contact you to inform you of our other products and services w offers, upgrades and or new products	mich may include special	Yes No					
May we contact you to inform you about products and services that thin	rd parties offer.	Yes No					
May we or a company contracted to us, contact you for research purposes.		Yes No					
May we include you in any mass distribution of e-mails or sms messages.		Yes No					
I understand that I will be liable for a monthly service fee.							
I consent to this Credit Provider reporting the conclusion of any credit	agreement with me to the National Loa	ns 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.							
I consent to identify and fraud prevention checks and sharing information relating to this application through the South African Fraud Prevention Service.							
If you are married in community of property you are required to obtain the written consent of your spouse, in terms of the Matrimonal Property Act of 1984, before entering this Agreement.							
I confirm that the required consent is held; or							
I confirm that the required consent is not held							
Signature of applicant	Date (YYYY-MM-DD)						
Route Quest (Pty) Ltd (Reg. No. 1966/007740/07) Authorised financial services provider. (FSB License Nr. 28759)							
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