



AMICO MOTORS

APPLICATION FOR INSTALMENT FINANCE-PG1

GOODS DESCRIPTION	NEW USED	MODEL	MAKE	M&M CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
DEALER/SUPPLIER	Amico Motors						TEL NO.	(012) 335-1640/1751				
F&I CONTACT PERSON					SALES PERSON	FAX NO. (012) 335-5584						
CASH PRICE VAT INCL.	VATABLE 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)					
		<input type="checkbox"/> ZULU (FOR AN EXPLANATORY VERSION)					<input type="checkbox"/> SOTHO (FOR AN EXPLANATORY VERSION)					

Signature _____ Date _____

APPLICATION FOR INSTALMENT FINANCE-PG2

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:	<input type="checkbox"/> SURETY	<input type="checkbox"/> GUARANTOR	<input type="checkbox"/> 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: _____

Declaration by Client:

	Y	N
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

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

Signature _____ Date _____