

# Application for Installment Finance

Fax: 012 329 2339

Email: mail@atterburymotors.co.za

Applicant	First Name:	_____	Middle Name:	_____
	Surname:	_____	Passport Number:	_____
	Id Number:	_____	Date of Birth:	_____
	ID Verified:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Drivers Lic Verified:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Submit Application:	Absa <input type="checkbox"/> MFC <input type="checkbox"/> Wesbank <input type="checkbox"/> Standard Bank <input type="checkbox"/>		

Article Details	Article Type:	_____	Article New/Used:	New <input type="checkbox"/> Used <input type="checkbox"/>
	Use of Article:	Private <input type="checkbox"/> Taxi <input type="checkbox"/> Business <input type="checkbox"/>	Year Model:	_____
	Article Description:	_____	Repayment Period:	_____
	Article Make:	_____	Interest Rate: %	_____
	M&M Code:	_____	Residual Value: %	_____
	Purchase Price:	_____	Deposit:	_____

Dealer Extra	_____ R	_____ R
	_____ R	_____ R
	_____ R	_____ R
	_____ R	_____ R
	_____ R	_____ R

Personal Details	Preferred Language:	Afrikaans <input type="checkbox"/> English <input type="checkbox"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
	Title:	_____	Race/Ethnic Group:	_____
	Country of Nationality:	_____	Graduate:	_____
	Marital Status:	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er <input type="checkbox"/>	Marital Contract:	ANC <input type="checkbox"/> COP <input type="checkbox"/>
	Marital Date:	_____	Contact Method:	Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> E-mail <input type="checkbox"/> Postal <input type="checkbox"/>
	Mobile Nr:	_____	E-mail Address:	_____
	Mobile Type:	Contract <input type="checkbox"/> P.A.Y.G <input type="checkbox"/>	Phone Nr (W):	_____
	Phone Nr (H):	_____		

Residential Details	Residential Address :	_____	Use Address:	Postal: <input type="checkbox"/> Home: <input type="checkbox"/>
	Residential Suburb:	_____	PO Box:	_____
	Postal Code:	_____	Postal Suburb:	_____
	Owner/Tenant/Lodger:	Lodger <input type="checkbox"/> Tenant <input type="checkbox"/>	Postal Code:	_____
	Outstanding Bond:	_____	Owner - Bond Free <input type="checkbox"/> Owner - Bonded <input type="checkbox"/>	
	Bonded Via:	_____	Property Current Value:	_____
	Period at Prev Address:	_____	Period at Address:	_____

Signed by Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# Application for Installment Finance

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Spouse Details	First Name: _____	Middle Name: _____
	Surname: _____	ID Nr: _____
	Passport Nr: _____	Date of Birth: _____
	Cell Nr: _____	

Employer Details	Employer Name: _____	Occupation: _____
	Employment Type: Permanent <input type="checkbox"/> Contractual <input type="checkbox"/> Self Employed <input type="checkbox"/> Pensioner <input type="checkbox"/>	
	Employer Industry Type: _____	Client Type: Private Individual <input type="checkbox"/>
	Employment Level: _____	Self Employed <input type="checkbox"/>
	Employer Address: _____	Self Employed <input type="checkbox"/>
	Employer Suburb: _____	Postal Code: _____
	Period Employed: _____	Period Prev. Employed: _____

Applicant Income	Source of Funds: Salary <input type="checkbox"/> Pension <input type="checkbox"/> Policy <input type="checkbox"/> Investments <input type="checkbox"/> Retirement Annuity <input type="checkbox"/>	
	Basic Income: _____	Monthly Commission: _____
	Car Allowance: _____	Overtime: _____
	Net Take-Home Pay: _____	Other Income (Specify): _____
	Total Monthly Income: _____	

Applicant Expenses	Bond Payment/Rent: _____	Rates, Water & Elec: _____
	Vehicle Instalment: _____	Loan Repayments: _____
	Credit Card Payments: _____	Furniture Accounts: _____
	Clothing Accounts: _____	Overdraft Repayments: _____
	Policy/Insurance: _____	Telephone Payments: _____
	Transport Cost: _____	Food & Entertainment: _____
	Education Cost: _____	Maintenance: _____
Household Expenses: _____	Other Expenses: _____	

Spouse Income	Source of Funds: Salary <input type="checkbox"/> Pension <input type="checkbox"/> Policy <input type="checkbox"/> Investments <input type="checkbox"/> Retirement Annuity <input type="checkbox"/>	
	Basic Income: _____	Monthly Commission: _____
	Car Allowance: _____	Overtime: _____
	Net Take-Home Pay: _____	Other Income (Specify): _____
	Total Monthly Income: _____	

Signed by Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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<b>Spouse Expenses</b>	Bond Payment/Rent: _____	Rates, Water & Elec: _____
	Vehicle Instalment: _____	Loan Repayments: _____
	Credit Card Payments: _____	Furniture Accounts: _____
	Clothing Accounts: _____	Overdraft Repayments: _____
	Policy/Insurance: _____	Telephone Payments: _____
	Transport Cost: _____	Food & Entertainment: _____
	Education Cost: _____	Maintenance: _____
	Household Expenses: _____	Other Expenses: _____
<b>Liability</b>	Surety:                      Yes <input type="checkbox"/> No <input type="checkbox"/>	Surety Description: _____
	Guarantor:                      Yes <input type="checkbox"/> No <input type="checkbox"/>	Guarantor: _____
	Co-Debtor:                      Yes <input type="checkbox"/> No <input type="checkbox"/>	Co-Debtor: _____
<b>Relative Details</b>	First Name: _____	Surname: _____
	Relation: _____	Contact Method:                      Cell <input type="checkbox"/> Home <input type="checkbox"/>
	Phone Nr: _____	Work <input type="checkbox"/>
	Relative Address : _____	Relative Suburb: _____
	_____	Postal Code: _____
<b>Banking Details</b>	Bank Name: _____	Bank Branch: _____
	Account Nr: _____	Branch Code: _____
	Account Type: _____	1st Payment Date: _____
	Settle Existing Finance:                      Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Bank (acc to be settled) _____	Acc. Nr to be settled: _____
	Settlement Amount: _____	Monthly Instalment: _____
	Statement Delivery:                      Electronic Statement <input type="checkbox"/> Printed Statement <input type="checkbox"/>	
<b>Application Details</b>	Sales Person: _____	
	Consent to obtain information from appropriate to verify details?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Utilise personal information for marketing purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Consent to increase Credit Limit once every year to accommodate any Value Added Products needed and requested?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signed by Applicant: \_\_\_\_\_ Date: \_\_\_\_\_