



Application Form for Individuals

Dear Client,

Thank you for choosing SmartCredit as your financial provider. Please complete the following form with as much information as possible. Without certain information we can not proceed with your application. Please ensure you read the notes at the top of each section for information that is Vital.

Individual Applicant
 New

Sole Proprietor
 Used

Surety/Co-Debtor
 Personal Loan

Pg1/3

Transaction Details (For the Dealer)					
Goods Description					
Year Model		Yr of 1st Reg		M&M Code	
Purpose of Goods	<input type="checkbox"/> Private	<input type="checkbox"/> Pub/Transport	<input type="checkbox"/> Business	Sales Person	
Payment Mode	<input type="checkbox"/> Arrears	<input type="checkbox"/> Cash	<input type="checkbox"/> Debit Order	Dealer name	
Proposed Rate	%	<input type="checkbox"/> Fixed	<input type="checkbox"/> Linked	Odometer Km's	
Selling Price (Inc Vat)		Extras			
Extras		Service and Delivery			
Extras		License and Registration			
Source Of Deposit		Amount Borrowed/Financed			

Personal Details (All Information must be completed by client)					
Surname		Title			
First Name					
Middle Name/s		Initials			
Trading As (If Applicant is a Sole Proprietor or Company)					
ID Number		OR Passport Number			
Citizenship	<input type="checkbox"/> SA	<input type="checkbox"/> Other			
Home Number		Fax Number			
Cell No		Ethnic Grp	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> W <input type="checkbox"/> C
Email					
Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	Graduate	<input type="checkbox"/> Y	<input type="checkbox"/> N
			Language	<input type="checkbox"/> Eng	<input type="checkbox"/> Afr <input type="checkbox"/> Other
Home Address		Period		Y	M
Postal Address		Code			
Previous Address		Period		Y	M
Drivers License	<input type="checkbox"/> Learners (Motorcycles)	<input type="checkbox"/> Code A	<input type="checkbox"/> Code A1	<input type="checkbox"/> Code B	<input type="checkbox"/> Code EB - EC
Date Issued		License Number		Learners Expiry Date	

Employment Details (Current Employer Mandatory. Previous Emp needed if less than 3 yrs with Current emp. Don't forget time at employer)					
Employers Name		Phone No		HR Nr	
Address		Code			
Industry Type		Employee Number		Occupation	
				Period	Y M
Previous Employer		Phone No		HR Nr	
Address		Code			
Industry Type		Employee Number		Occupation	
				Period	Y M

Spouse's Details (Client to complete all applicable info)					
<input type="checkbox"/> Single			<input type="checkbox"/> Married		
<input type="checkbox"/> Divorced			<input type="checkbox"/> Widowed		
<input type="checkbox"/> ANC			<input type="checkbox"/> COP		
<input type="checkbox"/> Other					
Date Married		Nr Dependants			
Spouse's Name		Surname			
Tel Number		Cel Number			
ID Number		Fax Number			
Employers Name		Phone No		HR Nr	
Address		Code			

Industry Type	Employee Number	Occupation	Period	Y	M
Relative's Details (This MUST be someone NOT living with you - Blood Relative)					
Relationship	Landline w/h	Surname	Name		
Address				Code	
Relative's Details (This MUST be someone NOT living with you - Blood Relative)					
Relationship	Landline w/h	Surname	Name		
Relative's Details (This MUST be someone NOT living with you - Blood Relative)					
Relationship	Landline w/h	Surname	Name		
Home Ownership (Please fill in as much information as possible)					
<input type="checkbox"/> Tenant (Paying Rent)	<input type="checkbox"/> Lodger (Not Paying Rent)	Landlord Name			
Landlord Tel Nr	Address				
Own Property? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> In Your Name	<input type="checkbox"/> Spouses Name	<input type="checkbox"/> Both	<input type="checkbox"/> House	<input type="checkbox"/> Townhouse <input type="checkbox"/> Flat
Bond/Rental PM	Purchase Price	If Flexi/Access Bond, Total Facility			
Bond Outstanding	Current Value	ERF No.			
Bond Holder Name (Bank)			Date of Purchase		
Banking Details (At least primary account details compulsory (Bank, Branch & Branch Code, Account No must be filled in))					
Account Type <input type="checkbox"/> Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission	Bank Name				
Branch Code	Branch Name				
Account Holders Name	Account Number				
Overdraft	Overdraft Limit				
Credit Card Company	Credit Card Number				
Income Details (If more than one household income, do not combine)					
Spouse Income	Your Total Monthly Income				
Your Basic Salary	Your Net Take Home Pay				
+ Car Allowance	Other Source of Income (Trusts, Maintenance, Rent)				
Income (Other than Salary, Overtime, Shift Allowance, Commission etc)	Please Specify				
Your Household Expenses (List only your share of expenses, do not combine)					
Bond Payment/Rent	Transport Costs				
Rates, Water, Electricity (Municipal Payments etc)	Food And Entertainment				
Vehicle Installments (Excluding those to be settled)	Education Costs				
Personal Loan Repayments	Maintenance				
Credit card Repayments	Household Expenses (Domestic Worker, Gardener, General Maintenance, etc)				
Furniture Accounts	Medical Aid				
Other Accounts	Other (DSTV, Subscriptions or any other)				
Overdraft Repayments	Other				
Policy / Insurance Repayments	Total Monthly Expenses				
Telephone Payment (Home, Cell, Etc)	Applicants Disposable Income				
Salary Date					
Are you liable as :	<input type="checkbox"/> Surety	<input type="checkbox"/> Guarantor	<input type="checkbox"/> Co-Debtor	Specify Details of Liability	

I confirm that:

a.) I am not a minor. - b.) A court has never declared me mentally unfit. c.) I am not subject to an Administration Order. d.) I do not have any current allocation 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 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

a. I would like to be included in any Telemarketing Campaign.

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

b. I would like to be included in any Marketing List that you may sell or distribute

c. I would like to be included in any mass distribution of emails or SMS messages

I understand that I will be liable for a monthly service fee

N

I hereby consent to this Credit Provider making enquiries regarding my credit history with any credit bureau

I consent to this Credit Provider reporting the conclusion of any credit agreement with me to the National Loans 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

Name : _____

Date : _____

Signature: _____