

JURISTIC APPLICATION FOR FINANCE

TYPE OF ENTITY:

CO ☐ CC ☐ Partnership ☐ Trust ☐ Club/Church ☐ Other ☐

If Trust, No of Trustees Any Trustee a Juristic person? Y ☐ N ☐

% Black Owned CO / CC / Trust Reg no

CO / CC / Trust Name:

Trading Name

Tax No Vat No

Transaction Type I S A ☒ Lease ☐ Rental ☐

Language Pref. English ☐ Afrikaans ☐ Other ☐

Holding Company Reg No

Holding Company Name

Address Years Months

Suburb Postal code

Postal Address

Suburb Postal code

Registered Office Address

No of Years In Business Years Months

Nature of Business

Tel No Fax no

E-mail address

DESCRIPTION OF PROPERTY REGISTERED IN COMPANY NAME

Do you own your Property? Yes ☐ No ☐

Stand No Suburb

Date of Purchase

Bond amount outstanding

Purchase Price

Current Value

Bondholder name

TRANSACTION DETAILS:

Goods Description

Year Model Salesman

Dealer Name & Tel no

Scheme Code Buyline Code

M & M Code Period of Contract

Special Requirements

Balloon Payment % R -

Residual Value % R -

Purpose of Goods: Business ☐ Private ☐ Taxi ☐ Commerce ☐

Pmt Frequency Monthly ☐ Bi-annual ☐ Quart. ☐ Annual ☐

Payment Mode: Advance ☐ Arrears ☐ Cash ☐ Debit Order ☐

FINANCIAL DETAILS:

Proposed Rate % Fixed ☐ Linked ☐

Selling Price (VAT Incl)

Extras:

Service & Delivery

License & Registration Costs

Initiation Fees to be financed Yes ☒ No ☐

LESS Deposit / Initial Rental

Source of Deposit:

TOTAL R -

Dealer Code

Originating Branch Input branch

Credit Provider Introducing Branch

Marketer's Code

Marketer's Name

Marketer's ID Number

E-mail

Lead Provider

Lead Provide ID Number

Authorised Signatories as per Resolution:

Name Identity Number Designation

Indicate if Prepared to guarantee facility / deal *

Full Names & ID Numbers of all Directors / Members / Partners / Trustees

Name Identity Number *Yes/No % Share

Foreign Controlled Yes ☐ No ☐ Percentage %

Contact Person Designation

Landlord's Details (Name & Address of Landlord if not Owner of property)

Landlord's Name

Landlord's Address

Suburb Postal code

BANKING DETAILS

Bank Name Branch Code

Account No

Branch

Name of Auditors / Bookkeepers

Auditors Contact Person and No

Annual Turnover

Monthly Turnover

Nett Asset Value

Existing and/or previous account with credit providers: (Vehicle Finance)

Credit Provider name:

Account No

Instalment amount per month R - Number of instalments

Current Paid up To be settled

Credit Provider name:

Account No

Instalment amount per month R - Number of instalments

Current Paid up To be settled

Credit Provider name:

Account No

Instalment amount per month R - Number of instalments

Current Paid up To be settled

Comprehensive Vehicle Insurance:

Yes ☐ No ☐

Broker/Ins Co Name

Telephone Number

I/We the undersigned hereby authorise this Credit Provider to contact my/our Bankers and/or auditors and I/we authorise my/our bankers/auditors to disclose to this Credit Provider, details and copies of my/our accounts and financial statements.

I/We the undersigned hereby consent to this Credit Provider making enquiries regarding my/our credit history with any credit bureau.
The Bankers/Auditors may disclose confidential information regarding my/our accounts and financial position to this Credit Provider and provide them with copies of my/our financial statements.

I/We do not have applications pending for credit, nor open quotations as envisaged in section 92 of the National Credit Act.

I/We confirm herewith that I/We are duly authorised to consent to the above.

SIGNATURE

NAME

DESIGNATION

DATE

TO BE COMPLETED BY EACH DIRECTOR/TRUSTEE

Document to accompany the juristic application form:

- * Completed application form
- * Directors/Trustees' FICA documents
- * Company / Trust Registration documents
- * Latest 6 Months bank statements of entity

- * Completed Directors/Trustee document (by each Director / Trustee)
- * Proof of Entity Physical Address (Utility Bill, etc) Not older than 3 months
- * BRNC / RNC Certificate (Business Registration Number Certificate)

JURISTIC APPLICATION	
DIRECTOR/TRUSTEE INFORMATION	
Title _____	Initials _____ First Name _____ Middle Name _____
Surname: _____	Gender M <input type="checkbox"/> F <input type="checkbox"/> Graduate Y <input type="checkbox"/> N <input type="checkbox"/>
ID Number _____	
Home Tel _____	Cell No _____
Email Address _____	Tax Nr _____
Home Address: (Yrs _____ Mnths _____) _____	
Suburb _____ Code _____	
Postal Address: (Yrs _____ Mnths _____) _____	
Suburb _____ Code _____	
EMPLOYMENT DETAILS	
Company Name _____	(Yrs _____ Mnth _____)
Monthly Income R _____	Share % _____
HOME OWNERSHIP	
Do you own your property Y <input type="checkbox"/> N <input type="checkbox"/>	In your Name <input type="checkbox"/> In Spouse's <input type="checkbox"/> Both <input type="checkbox"/>
MARITAL DETAILS:	
S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> ANC <input type="checkbox"/> COP <input type="checkbox"/> OTHER <input type="checkbox"/>	Date Married _____ / _____ / _____
BANKING DETAILS	
Account Type Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/>	
Bank Name _____	
Signature of Director/Trustee _____ Date _____	

DOCUMENTATION REQUIRED FROM DIRECTOR/TRUSTEE

- * **ID DOCUMENT**
- * **PROOF OF RESIDENCE (UTILITY BILL, ETC) NOT OLDER THAN 3 MONTHS**