

Trunes Motors

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E-mail: info@trunesmotors.co.za

158 Leeuwpoot Str

Boksburg

Tel: (011) 892-0090/1/2/3/4

Fax: (011) 892-0095

APPLICATION FOR INSTALMENT FINANCE-PG1

DESCRIPTION	USED	NEW	MODEL	MAKE	M&M CODE
DEALER/BRANCH	TRUNES MOTORS				TEL NO. (011) 892-0090
CONTACT PERSON	SALES PERSON			FAX NO. (011) 892-0095	
CASH PRICE (VAT INCL.)	R	VATABLE EXTRAS (VAT INCL.)		R	INSTALMENT LEASE
ADD COVER	R	RADIO /CD	R	TERM	
LICENCE/REG	R	NUMBER PLATES	R	RATE	%
CREDIT LIFE	R	WARRANTY	R	ADVANCE	ARREARS
DEPOSIT/TRADE IN	R	OTHER	R	RESIDUAL	%
FINANCE AMOUNT	R	OTHER	R	INSTALMENT	R
PERSONAL DETAILS	TITLE	SURNAME		ID NO.	
FULL NAMES	INITIALS			DEPENDANTS	
MALE	FEMALE	MARRIED	ANC	COP	SINGLE
					WIDOWED
HOME ADDRESS	PERIOD				
TEL(H)	TEL(W)	CELL	FAX	EMAIL	
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	OWN NAME	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.				
CREDIT CARD	SAVINGS	TRANSMISSION	CURRENT		
NEDBANK CLIENT	BRANCH	ACCOUNT NO.	INSTALMENTS	PAID UP/CURRENT/TO BE SETTLED	
TRADE REFERENCE	BRANCH	ACCOUNT NO.	INSTALMENTS	PAID UP/CURRENT/TO BE SETTLED	
ETHNIC GROUP	AFRICAN	COLOURED	INDIAN	WHITE	
LANGUAGE PREFERENCE	ENGLISH (PRIMARY)	AFRIKAANS (FOR EXPLANATORY VERSION)	OTHER:		

Signature _____ Date

APPLICATION FOR INSTALMENT FINANCE-PG2

APPLICANT INITIALS		SURNAME	
ID NO.			
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
SOURCE OF OTHER INCOME**			
TOTAL MONTHLY HOUSEHOLD INCOME (NET SALARY & OTHER)	R		
HOUSEHOLD 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	SURETY	GUARANTOR	CO-DEBTOR
SPECIFY DETAILS			
IF YOU HAVE SIGNED SURETY OR CO-DEBTOR PLEASE INDICATE THE FULL AMOUNT OUTSTANDING			
PLEASE TICK YOUR PREFERRED METHOD OF COMMUNICATION	ALL	EMAIL	POST TELEPHONE SMS

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, state which and give details:

- I. 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.

Y N

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.
 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 credit application and / or application for insurance.
 I hereby declare that all of the above information is true and correct.

Signature _____

Date

Please complete and fax back to: (011) 892-0095