

APPLICATION FOR INSTALMENT FINANCE - PG1

GOODS DESCRIPTION	MODEL	MAKE	M&M CODE
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DEALER	TEL NO.
F&I CONTACT PERSON	SALES PERSON
	FAX NO.

PRICE VAT INCL.	VARIABLE EXTRAS VAT INCL.	
ADMIN	INSURANCE	TERM
LICENCE/REG	WARRANTY	RATE
CREDIT LIFE	BALLOON	RESIDUAL
DEPOSIT/TRADE IN	OTHER	OTHER
FINANCABLE AMOUNT R	AMOUNT R	INSTALMENT R

PERSONAL DETAILS		TITLE	INITIALS	DEPENDANTS	
SURNAME		FULL NAMES			
ID NO.		<input type="checkbox"/>	MALE	<input type="checkbox"/>	FEMALE
MARRIED	DATE	<input type="checkbox"/>	IN COM	<input type="checkbox"/>	OUT COM
		<input type="checkbox"/>	SINGLE	<input type="checkbox"/>	WIDOWED
HOME ADDRESS					PERIOD
TEL (H)		CELL NO.			
TEL (W)		FAX			
E-MAIL					
POSTAL ADDRESS					CODE
PREVIOUS ADDRESS					PERIOD
SPOUSE NAME				SPOUSE ID	
NEXT OF KIN				RELATIONSHIP	
ADDRESS				TEL	

BOND DETAILS		BOND HOLDER	AMOUNT OUTSTANDING		
PROPERTY VALUE R		INSTALMENT R	PURCHASE PRICE R		
DATE PURCHASED		REGISTERED	<input type="checkbox"/>	OWN NAME	<input type="checkbox"/>
					SPOUSE

EMPLOYER DETAILS		EMPLOYER	OCCUPATION
EMPLOYER ADDRESS		TEL	
SALARY DATE		NO. OF YEARS	
PREVIOUS EMPLOYER		NO. OF YEARS	
SPOUSE EMPLOYER		NO. OF YEARS	
TEL		OCCUPATION	

BANK DETAILS		BANK NAME	TYPE ACCOUNT
BRANCH NAME		BRANCH CODE	
NAME OF ACCOUNT HOLDER			
ACCOUNT NO.			

ETHNIC GROUP	<input type="checkbox"/>	AFRICAN	<input type="checkbox"/>	COLOURED	<input type="checkbox"/>	INDIAN	<input type="checkbox"/>	WHITE
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SIGNATURE _____ DATE _____

APPLICATION FOR INSTALMENT FINANCE - PG2

PERSONAL APPLICATION FORM

SALARY DETAILS	OWN	SPOUSE	
BASIC MONTHLY (EXCL CAR ALLOWANCE)	R	R	
CAR ALLOWANCE	R	R	
MONTHLY COMMISSION	R	R	
NET TAKE HOME PAY	R	R	
INCOME OTHER THAN SALARY/WAGES	R	R	
<i>EXPLAIN SOURCE OF OTHER INCOME</i>			
TOTAL MONTHLY INCOME (NET SALARY & OTHER)	R	R	
HOUSEHOLD EXPENSES PER MONTH	OWN	SPOUSE	
BOND PAYMENT / RENT	R	R	
RATES, WATER & ELECTRICITY	R	R	
VEHICLE INSTALMENTS (EXCL THOSE TO BE SETTLED)	R	R	
PERSONAL LOAN REPAYMENTS	R	R	
CREDIT CARD PAYMENTS	R	R	
FURNITURE ACCOUNTS	R	R	
CLOTHING ACCOUNTS	R	R	
OVERDRAFT REPAYMENTS	R	R	
POLICY / INSURANCE REPAYMENTS	R	R	
TELEPHONE PAYMENT	R	R	
TRANSPORT COSTS	R	R	
FOOD & ENTERTAINMENT	R	R	
EDUCATION COSTS	R	R	
MAINTENANCE	R	R	
HOUSEHOLD EXPENSES	R	R	
OTHER	R	R	
TOTAL MONTHLY HOUSEHOLD EXPENSES	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.
- 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, the 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 declare that all of the above information is true and correct.

I do hereby nominate, constitute and appoint LUCID Clear Credit (Pty) Ltd (2011/128765/07) ("LUCID") with Power of Substitution to be my true and lawful Agent in my name, place and stead, to represent me and deal with any matter and sign all documents necessary, to obtain my/our consumer credit information, finance application and financial information, from all credit bureaus and relevant third parties and to make the aforementioned information available to me and (**ULTRA AUTO**), for the purpose of the latter performing an affordability and pre-qualification finance assessment on me. I agree to LUCID contacting me to provide me with a copy of my affordability, financial and risk assessment reports and a consultation to assist me in qualifying for finance or qualifying for better borrowing terms or improving my affordability and risk. I accept that LUCID will retain all my information, received in terms of this authority and I consent to its use thereof, for any processing purpose within the normal course of its business, as may be determined, from time to time, at its sole discretion. I understand that I may revoke this authorization, in writing to LUCID, at any time and unless revoked, it shall remain in force and effect.

NAME

SIGNATURE

DATE