

Fax Completed form to 086-640 1387
Call Robbie at 082 647 6074 if you need help filling out the form

CREDIT DECLARATION OF THE CREDIT RECEIVER/LESSEEGUARANTOR

Agent Agent Number

PERSONAL PARTICULARS										Language Preference		<input type="checkbox"/> Afr	<input type="checkbox"/> Eng	Nationality		<input type="checkbox"/> RSA	<input type="checkbox"/> Other
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Other	<input type="checkbox"/>	Surname					Initials							
Full Names					Date of Birth												
Identity Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
										Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	<input type="checkbox"/> Married In	<input type="checkbox"/> Married Out	Traditional	
Tel										Work		Cell					
Street Address																	
Postal Address																	
Insolvent		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Under judicial management										<input type="checkbox"/> Yes	<input type="checkbox"/> No		

PARTICULARS OF EMPLOYER: APPLICANT

Employer	<input type="text"/>		
Address	<input type="text"/>		
Occupation	<input type="text"/>		
Appointment	<input type="checkbox"/> Temporary	<input type="checkbox"/> Permanent	Date <input type="text"/>
Persal No	<input type="text"/>	Union	<input type="text"/>
Tel Work	<input type="text"/>		
Gross Income	R <input type="text"/>		
Net Income	R <input type="text"/>		
Previous Employer	<input type="text"/>	Years	<input type="text"/>

SPOUSE

Employer	<input type="text"/>		
Address	<input type="text"/>		
Occupation	<input type="text"/>		
Appointment	<input type="checkbox"/> Temporary	<input type="checkbox"/> Permanent	Date <input type="text"/>
Persal No	<input type="text"/>	Union	<input type="text"/>
Tel Work	<input type="text"/>		
Gross Income	R <input type="text"/>		
Net Income	R <input type="text"/>		
Previous Employer	<input type="text"/>	years	<input type="text"/>

PARTICULARS OF NEXT OF KIN (Not residing at the same address)

Surname	<input type="text"/>		Initials	<input type="text"/>	
Relationship	<input type="text"/>		Number of Years	<input type="text"/>	
Address <input type="text"/>					
Tel Home	<input type="text"/>	Work	<input type="text"/>	Cell	<input type="text"/>

BANKING DETAILS

Bank	<input type="text"/>	Branch	<input type="text"/>	Branch Code	<input type="text"/>
Type of Account	<input type="checkbox"/> Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Other	<input type="text"/>
Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Period	<input type="text"/>
FIXED PROPERTY (Registered in your name or the name of your spouse)				Purchase price	R <input type="text"/>
Bond Holder	<input type="text"/>		Address <input type="text"/>		
Value of Property	R <input type="text"/>	Amount of Bond	R <input type="text"/>	Purchase price of property	R <input type="text"/>

PRESENT DEPT

	Account Number	Original amount	Amount owing
Institution	<input type="text"/>	R <input type="text"/>	R <input type="text"/>
Institution	<input type="text"/>	R <input type="text"/>	R <input type="text"/>

INSURANCE Do you have an existing policy? Yes No Policy Number

Insurance/Broker Address Tel

PARTICULARS OF Transaction (If necessary attach full exposition as Addendum)

Description of Account Seller: Private Dealer

Ref Fax E-Mail

TYPE OF TRANSACTION

Type	<input type="checkbox"/> Hire Purchase Agreement	<input type="checkbox"/> Lease	<input type="checkbox"/> Agreement	<input type="checkbox"/> Special Loan	
Period of Transaction	<input type="text"/>	Cost price of Article	R <input type="text"/>	Value of deposit/trade-in	R <input type="text"/>

We certify that the above information provided is complete and correct on the date stated below

Signature _____ Date _____

OFFICE USE ONLY

Approved

Yes No

Date

Signature

STATEMENT OF ASSETS & LIABILITIES

FULL NAMES: _____

ID NUMBER: _____

ASSETS		LIABILITIES	
Fixed Property	R	Bonds	R
Vehicles, Machinery Etc	R	Lease Accounts	R
Furniture & Fittings	R	Creditors	R
Bank Balance	R	Creditors	R
Savings Account	R	Other Loans	R
Investments	R	Other Commitments	R
Other Assets	R		
TOTAL	R	TOTAL	R

INCOME		EXPENDITURE	
Salary	R	Tax	R
		Bonds / Rent	R
Rent Income	R	Lease Payment	R
Interest Income	R	Creditors	R
		Household	R
Other Income	R	Other	R
TOTAL	R	TOTAL	R

NAME AND SURNAME _____ SIGNATURE _____