



APPLICATION FORM - PRIVATE AND CONFIDENTIAL

Office: 087 808 3157

YOUR DEDICATED BROKER IS: Flip van Zyl PLEASE CONTACT HIS ON OFFICE 087 808 3157 EMAIL: loans@loansacceptable.co.za FAX: 086 650 5671	
Loan Amount: R	Preferred Term:

ONLY SELECT THE PRODUCTS RELEVANT TO YOUR APPLICATION					
VEHICLE / ASSET FINANCE	Y	N	RENT-TO-OWN (Vehicle's)	Y	N
SHORT & LONG TERM "CONSOLIDATION" LOANS	Y	N	ITC CLEARANCE "REMOVAL OF DEBT REVIEW FLAGS"	Y	N
DOUBLE VALUE SIM CARD & AIRTIME	Y	N	BRIDGING FINANCE (Pension & House Sales)	Y	N
HOME LOANS	Y	N	SELL YOUR VEHICLE AND STILL DRIVE IT	Y	N
DECLINE OPTION FOR REFERRALS (Mediation, Debt Counselling or Cash Voluntary Surrender.)				Y	N

PLEASE NOTE: FOR HOME LOANS, VOLUNTARY SURRENDER, MEDIATION OR DEBT COUNSELLING YOU WILL NEED TO COMPLETE A DIFFERENT APPLICATION FORM - REQUEST THE CORRECT APPLICATION FROM YOUR BROKER									
PERSONAL INFORMATION									
Title:	First Names:					Surname:			
Initials:	ID:								Ethnic Group:
Physical Address:									
Province:			Code:			Period at Address:			
Postal Address:									
Telephone H:			W:			C:			
Email: @									
Marital Status:	Married in Community	Married Antenuptual	Married Tribal	Single	Divorced	Widow/er			

EMPLOYMENT									
Employer:					Employee No:				
Employer Address:									
Occupation:					Department:				
Start Date:			Salary Date:			Paid:	Monthly	Weekly	Fortnightly
Status:	Perman	Part Time	Self Empl	Contract	Contract End Date:			Open Ended Contract	
Salary (HR) Person:					Salary (HR) Tel no:				

AFFORDABILITY ASSESSMENT		
Gross Salary:	Nett Salary:	Other Income:
ONLY LIST THE MONTHLY PAYMENT / INSTALMENT THAT YOU AS APPLICATION MUST PAY PER MONTH		
Personal Loans:	Clothing Accounts:	Car Install:
Credit Cards:	Furniture Accounts:	Home Loans:
Phone Contract:	Other Phone Exp:	Rent:
Municipal Acc:	Electricity:	Groceries:
School Fees:	Day Care:	After School:
Transport / Fuel:	Insurance:	Policies:
Other:	Other:	Other:

Do you have any Garnish Orders on your Payslip?	Y	N		If yes how many?					
Do you have any Judgements against your name?	Y	N		If yes how many?					
Are you:	Under Administration	Y	N	Sequestration	Y	N	Debt Counselling/Debt Review	Y	N

SPOUSE / PARTNER									
Title:	First Names:					Surname:			
ID:						Occupation:			
Telephone H:					W:			C:	
Employer:					Gross Salary:				

1. NEXT OF KIN (NOT LIVING AT THE SAME ADDRESS)									
Title:	First Names:					Surname:			
Contact Nr:					Relationship:				
Physical Address:									
Title:	First Names:					Surname:			
Contact Nr:					Relationship:				
Physical Address:									

BANKING DETAILS									
Name of Bank:					Branch Name:				
Account Holder:					Branch Code:				
Account Nr:					Type of Account	Savings	Cheque	Mzanzi	

MANDATE and AUTHORISATION									
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I the undersigned, hereby confirm that all data contained on this application from were given freely and are true and correct to the best of my knowledge.

I hereby authorise Loans Acceptable to apply on my behalf for a loan by any registered financial institution they deem fit.

Permission to Originate Credit:

I hereby authorizes and agree that the Credit Provider when assessing this application, and at any time during the existence of any loan, may make any reasonable enquiries to confirm any of the details in this application. Such enquiries may include Credit Bureau and Employer Information.

Contracting:

I understand that, if credit is approved, I will be contacted directly by the lending institution(s) regarding the terms and conditions of the loan. Loans Acceptable is in no way liable for any damages incurred on the success or otherwise of this application.

I fully understand the content of this application and instruct Loans Acceptable to undertake the mandate as detailed herein.

SIGNATURE _____ DATE _____