

Applicant Details

Title:	Initials:	Surname:
Full Name:		Graduate (Y/N): Yes

Gender Female Male

Identity Number:	Email Address:	
Telephone Number (Home):	Telephone Number (Work):	Cell Number:
Home Address:		
Suburb:	Postal Code:	Period Residing on Property (YY-MM):
Postal Address (If different from residential address):		
Suburb:	Postal Code:	

Employment Details:

Employer Name:	Employer Telephone Number:
Email Address:	
Type of Industry:	Employee Number:
Occupation:	Period at Employer (YY-MM):

Home Ownership

Do you own your property?	Yes:		No:	
Bond Free:	Bonded:		In Your Name:	
In Your Spouse's Name:	In Both Names:		Flat:	
House:	Town House:		Other; Please specify:	

Spouse Details

Surname:	First Name:			
Address:				
Phone Number:				
Gross Monthly Income R	Identity Number/Date of Birth (YYYY-MM-DD):			
Employer Name and address:				
Marital Staus please specify:	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">SINGLE</td> <td style="width: 33%; border: none;">MARRIED IN COMMUNITY OF PROPERTY</td> <td style="width: 33%; border: none;">MARRIED OUT OF COMMUNITY OF PROPERTY</td> </tr> </table>	SINGLE	MARRIED IN COMMUNITY OF PROPERTY	MARRIED OUT OF COMMUNITY OF PROPERTY
SINGLE	MARRIED IN COMMUNITY OF PROPERTY	MARRIED OUT OF COMMUNITY OF PROPERTY		

Applicant's Banking Details

Account Type	Cheque:		Savings:		Transmission:	
Bank Name:			Account Holder Name:			
Account Number:			Branch Name:			

Applicant's Income Details

Gross Monthly Income:	R
Source of Income (Salary/Commission):	
Total Monthly Expenses:	R
Applicant's Disposable Income:	R

Are you currently liable as:

Surety
 Guarantor
 Co-Debtor

Specify Details:

Bond Payment/Repayment	Pension	
Rates, Water, Electricity	Contract Tel, Cell & Internet	
Policy/Insurance Repayments	Prepaid Tel, Cell & Internet	
Vehicle instalments	Transport Costs	
Personal Loan Repayments	Food & Entertainment	
Credit Card Repayments	Educational Costs	
Furniture Accounts	Maintenance	
Clothing Accounts	Household Expenses	
Overdraft Repayments	UIF	
Medical Aid	Total Tax	
Investments	Other	
VP	LIABILITIES	
Fixed Property	Fixed Property	
Motor Vehicles	Motor Vehicles	
Furniture	Furniture	
Electronic Equipment	Electronic Equipment	
Jewellery and Valuables	Jewellery and Valuables	
Cash and Other Deposits	Cash and Other Deposits	
Other	Other	
Total Assets	Total Assets	0

Transaction Details

Asset Details:						
Year Model:			New:		Used:	
Dealer/Supplier:			Telephone Number:			
Instalment Sale Agreement:		Rental Agreement:		Finance Period: 60		Months
Deposit: R						

Pre-Screening Questions

I confirm that:	YES	NO
• I am not a minor.		
• I have never been declared mentally unfit by a court.		
• I am not subject to an administration order.		
• I do not have any current application pending for debt restructuring or alleviation.		
• I do not have any current debt re-arrangement in existence.		
• I have not previously applied for a debt-re-arrangement.		
• I am not under sequestration.		
• 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:		

Marketing Consent

I CONSENT TO:	YES	NO
You sharing my personal information within the group for marketing purposes and the group then marketing its products, services and special offers to me.		

Credit Consent

I understand that I will be liable for a monthly service fee.
 I consent to this Credit Provider (Scottfin Finance) reporting the conclusion of any credit agreement with me to the National Loans Register in compliance with this Credit Provider's obligation under the National Credit Act.
 I hereby declare that the information provided by me is true and correct.
 I consent to the bank making enquiries about my credit record with credit reference agencies and credit bureau for the purposes of assessing the credit application or updating my information in future. I also consent to the bank sharing information with such agencies about how I manage this loan agreement, who may in turn share this information with other credit providers.
 I consent to identity and fraud prevention checks and sharing information relating to this application through the South African Fraud Prevention Service.

Documents Required (Please email with this application)

- Clear copy of ID
- Three months bank statements (Six Months if Commission Earner)
- Three months Salary Slips (Six Months if Commission Earner)
- Proof of Address in your name (Not older than three months)
- Copy of Quote from Supplier

PLEASE NOTE IN THE EVENT YOUR APPLICATION BEING SUCCESSFUL YOU WILL BE SIGNING THE AGREEMENT VIA AN ONLINE TEAMS MEETING

FULL NAME

SIGNATURE

DATE