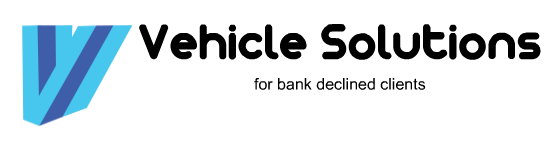
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APPLICATION FORM – PRIVATE AND CONFIDENTIAL**

**Office** 058 816 0217

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**Email**: [antoinette@vehiclesolutions.co.za](mailto:antoinette@vehiclesolutions.co.za) or [vehiclesolutionsinfo@gmail.com](mailto:vehiclesolutionsinfo@gmail.com)

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| 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 |

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| EMPLOYMENT |
| Employer: Employee nr: |
| Employer address: |
| Occupation: Department: |
| Start date: Salary date: Paid: Monthly Weekly Fortnightly |
| Status: Perman Part time Self Employed Contrat Contract end date: Open ended contract |
| Salary (HR) Person: Salary HR Tel no: |

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| SPOUSE / PARTNER |
| Title: First Names: Surname: |
| ID: Occupation: |
| TELEPHONE H: W: C: |
| Employer: Gross salary: |

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| 1. NEXT OF KIN (NOT LIVING AT THE SAME ADDRESS) |
| Title: First Names: Surname: |
| Contact nr: Relationship: |
| Physical Address: |
| 1. NEXT OF KIN (NOT LIVING AT THE SAME ADDRESS) |
| Title: First Names: Surname: |
| Contact nr: Relationship: |
| Physical Address: |
| AFFORDABILITY ASSESSMENT |
| Gross salary: Nett salary: Other income: |
| ONLY LIST THE MONTHLY PAYMENT/INSTALLMENT THAT YOU AS APPLICANT MUST PAY PER MONTH |
| Personal loans: Clothing accounts: Car install: |
| Credit cards: Furniture: 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: |

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| **Do you have any garnish oders on your payslip? Yes No If yes, how many?** |
| **Do you have any Judgements on your payslip? Yes No If yes, how many?** |
| **Are you: Under Administration ? Yes No Sequestration ? Yes No Debt counselling ? Yes No** |

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| BANKING DETAILS |
| Name of bank: Branch name: |
| Account holder: Branch code: |
| Account nr: Type of account: Savings Cheque Mzanzi |

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

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE SUBMIT WITH APPLICATION**

**COPY OF ID & DRIVERS LICENCE,**

**PROOF OF RESIDENTS (not bankstatements , we need lease agreement or utility bill)**

**Proof of Employment (Latest Pay-Slip) (Self-Employed - Copy of CK Document)**

**3 Month's Bank-Statements (6 Months if Self-Employed)**