## **JUDYS MOTORS PTY LTD**

79 CORNER KERK & ZENDELING STREET

TEL: 014 594 0167 / 2131

RUSTENBURG 0299

FAX: 014 594 2253

eMAIL: judyscars@telko	omsa.net		
Applicant Type:	Dealer Code		
Individual Applicant Sole Proprietor Surety/Co-Debtor			
ID/Passport No.	Originating Branch Input Branch		
Citizenship SA Other (If not SA resident, state country of Residence)	Credit Provider Introducing Branch		
Country of Residence Permit Type	Marketer's Code		
Permit NoPermitExpDate/	Marketers Name		
Country Issued	Fax No.(		
Issue Date / / DD/MM/YY Expiry Date / / DD/MM/YY	Lead Provider		
Surety ID No. (If appli)	Lead Provider ID No.		
Transaction Type: Instalment Sale Lease Rental	Marital Batalla CC MC BC WC N		
V   V   DEL ANDE	Marital Details: S M D D W No. of Dependants		
LangPref: E A Other EthnicGroup: A B C W	Date Married/(DD/MM/YY) ANC COP OTHER		
Applicant's Details:	Spouse's Details: First Name		
Title Initials	Surname Income R		
Surname	Spouses ID No./ DOB		
First Name Middle Name	Spouse Employer Name:		
Gender M F Graduate? Y N	Spouse Employers Address:		
Trading as/ Name	Suburb Postal Code		
Tax NoVAT No	Relative's Details: (Nearest Relative in SA not living with you)		
HomeTelNo. ( Cell No	RelationshipRelative's Tel No.()		
E-mail Address	Surname		
Home Address: (YrsMnths)	First Name		
> 30.0 a.c. <b>&gt;</b> 0 = 0.0000	Relative's Address:		
Suburb Postal Code	Suburb Postal Code		
Postal Address:(If Different from Residential)	Landlord's Details: (Name & Address of Landlord where goods will be kept)		
Suburb Postal Code	Landlord's Name:		
Previous Home Address:(YrsMnths)	Landlord Address:		
Suburb Postal Code,	Suburb Postal Code		
Employment Details: (YrsMnths)	Banking Details:		
Employment Details: (YrsMnths) Name	Account Type: Cheque Savings Transmission		
Name			
	Account Type: Cheque Savings Transmission Bank Name Branch Code		
Name	Account Type: Cheque Savings Transmission		
Name	Account Type: Cheque Savings Transmission Bank Name Branch Code Account No. Account Holder Name (If appl) Overdraft Bal: R. Limit: R.		
Name	Account Type: Cheque Savings Transmission Bank Name Branch Code Account No. Account Holder Name (If appl) Overdraft Bal: R Limit: R Credit Card Company		
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Individual Applicant Sole Proprietor	Surety/Co-Debtor	ID/Passport No			
Transaction Details: Goods Description		Applicant's Income Details:			
		Gross Remuneration		R	
Year Model Salesman		Monthly Commission		R	
Dealer Name Dealer Tel		Car Allowance included	R		
Scheme Code Buyline Co		Net Take-home Pay	a III 01033		
M&M Code Period of Contract (Mnths)					
Special Requirements	LOTILIACE (MINTINS)		7 S (C)	R	-
		Source of Income		_	
Balloon Payment		Total Monthly Inc		R	-
		Applicant's Expense	s per month:		
Purpose of Goods: Business Private				R	
Payment Frequency: Month       Bi-Ann       Quart       Annual         Payment Mode:       Advance       Arrears       Cash       DebitOrder		Rates, Water and Elec		R	
		Vehicle Instalments (ex		R	
	The second secon	Personal Loan Repaym	nents	R	
Applicant's Financial Details:		Credit Card Repaymen	ts	R	
Proposed Rate	Fixed Linked	Furniture Accounts		R	,
Selling Price (VAT inclusive)	R ,	Clothing Accounts		R	
Extras Description	R ,	Overdraft Repayments		R	,
	R ,	Policy/ Insurance Repa	yments	R	
	R ,	Telephone Payment	,	R	
	R ,	Transport Costs		R	
Total of Extras	R ,	Food and Entertainme	nt	R	
Dealer VAPS Description	R	Education Costs		R	
· ·	R ,	Maintenance		R	
	R	Household Expenses		R	
Delivery Fee	R ,	Other			
Initial Fuelling Charges	R ,			R	
License and Registration Costs	R .	Total Monthly Exp	enses	R	,
Initiation Fees to be financed? Y N	R ,	Applicant's Disposat	ole Income	R	
Less Deposit /Initial Rental	D	Date Remuneration Re			
Source of Deposit ————————————————————————————————————	<u>R</u> ,	Are you currently liable			tor
Total	_	Specify Details:			tor $\square$
Total	<u>R</u>	Specify Details			
Insurance-Bank VAPS					
InSale/Lease -Inside Act		Rental - Out	side Act		
Credit Life Monthly Credit I	_ife Monthly [		Service & Maintena		
Cover Plus Monthly Cover		Annual Term	Extended Warranty		
	Comprehensive Monthly [			Terr	
· Control of the cont		Annual	Other		
Courte	sy car Monthly [	Allitual			
Comprehensive Vehicle Insurance? Y	N Policy No.		Monthly	v 🗆 Annual 🗆	
Existing Ins. Co Name	Tel No. ( )	Broker Name	Pionem	Tel No. ( )	
		Broker Nume		rei No. (	
I confirm that: -					
A. I am not a minor.					
<ul> <li>B. I have never been declared mentally unfit</li> </ul>	by a court.				
C. I am not subject to an Administration Orde					
<ul> <li>D. I do not have any current application pend</li> </ul>	ling for debt restructuring or	r alleviation.			
E. I do not have any current debt re-arrange	ment 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 cred		envisaged in section 92 of the	he National Credit Act.		
If any of the above is incorrect, state which and giv					
I. I would like to be included in any Telemark				Y N	
<ol> <li>I would like to be included in any Marketin</li> </ol>	a list that you may call or o	distribute		Y L NL	
K. I would like to be included in any mass dis				Y L NL	
K. I would like to be included in any mass dis	tribution of emails or SMS n			Y L NL	
K. I would like to be included in any mass dis  I understand that I will be liable for a monthly ser	tribution of emails or SMS n	nessages.		Y L NL	
K. I would like to be included in any mass dis  I understand that I will be liable for a monthly ser  I hereby consent to this Credit Provider making er	tribution of emails or SMS n vice fee. Iquiries regarding my credit	nessages.  history with any credit burk	eau.	Y N	
K. I would like to be included in any mass dis  I understand that I will be liable for a monthly ser I hereby consent to this Credit Provider making er I consent to this Credit Provider reporting the con-	tribution of emails or SMS n vice fee. Iquiries regarding my credit	nessages.  history with any credit burk	eau. I Loans Register in comp	Iliance with this Cre	edit:
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