

Individual Application for Finance

Applicant Type:

Individual Applicant ☐ Sole Proprietor ☐ Surety/Co-Debtor ☐
 ID/Passport No. _____
 Citizenship SA ☐ Other ☐ (If not SA resident, state country of Residence)
 Country of Residence _____ Permit Type _____
 Permit No. _____ PermitExpDate ____/____/____ DD/MM/YY
 Country Issued _____
 Issue Date ____/____/____ DD/MM/YY Expiry Date ____/____/____ DD/MM/YY
 Surety ID No. (If appli) _____

Transaction Type: Instalment Sale ☐ Lease ☐ Rental ☐
LangPref: E ☐ A ☐ Other ☐ **EthnicGroup:** A ☐ B ☐ C ☐ W ☐

Applicant's Details:

Title _____ Initials _____
 Surname _____
 First Name _____ Middle Name _____
 Gender M ☐ F ☐ Graduate? Y ☐ N ☐
 Trading as/ Name _____
 Tax No. _____ VAT No. _____
 HomeTelNo. (____) _____ Cell No. _____
 E-mail Address _____
Home Address: (Yrs____ Mnths____) _____

Suburb _____ Postal Code _____

Postal Address: (If Different from Residential) _____

Suburb _____ Postal Code _____

Previous Home Address: (Yrs____ Mnths____) _____

Suburb _____ Postal Code _____

Employment Details: (Yrs____ Mnths____)

Name _____
 Address _____
 Suburb _____ Postal Code _____
 BusTelNo.(____) _____ Fax No.(____) _____
 Type of Industry _____ Employee No. _____
 EmpCont No.(____) _____ Occupation _____
Previous Employment Details: (Yrs____ Mnths____)

Name _____
 Address _____
 Suburb _____ Postal Code _____
 EmpCont No. (____) _____ Occupation _____

Home Ownership:

Do you own your Property? Y ☐ N ☐
 (If Yes) In your name? ☐ In your Spouse's? ☐ Both? ☐
 Property Type: House ☐ Townhouse ☐ Flat ☐
 Erf Number _____ Suburb _____
 Bond/Rental Payment per month: R _____
 Bond Amount Outstanding: R _____
 Purchase Price R _____
 Current Value R _____
 If a flexi/access bond, total facility granted? R _____
 Bondholder Name _____

Know Your Client (KYC):

Face to Face On-Site ☐
 Face to Face Off-Site ☐ Remote-Other ☐

Dealer Code _____

Originating Branch _____ Input Branch _____

Credit Provider Introducing Branch _____

Marketer's Code _____

Marketers Name _____

Marketer's ID No. _____ Fax No.(____) _____

Lead Provider _____

Lead Provider ID No. _____

Marital Details: S ☐ M ☐ D ☐ W ☐ No. of Dependants _____

Date Married ____/____/____ (DD/MM/YY) ANC ☐ COP ☐ OTHER ☐

Spouse's Details: First Name _____

Surname _____ Income R _____

Spouses ID No./ DOB _____

Spouse Employer Name: _____

Spouse Employers Address: _____

Suburb _____ Postal Code _____

Relative's Details: (Nearest Relative in SA not living with you)

Relationship _____ Relative's Tel No.(____) _____

Surname _____

First Name _____

Relative's Address: _____

Suburb _____ Postal Code _____

Landlord's Details: (Name & Address of Landlord where goods will be kept)

Landlord's Name: _____

Landlord Address: _____

Suburb _____ Postal Code _____

Banking Details:

Account Type: Cheque ☐ Savings ☐ Transmission ☐

Bank Name _____ Branch Code _____

Account No. _____

Account Holder Name _____

(If appl) Overdraft Bal: R _____, _____ Limit: R _____, _____

Credit Card Company _____

Credit Card Number _____

Cr.Facility Bal: Straight R _____, _____ Budget R _____, _____

Cr.Facility Limit: Straight R _____, _____ Budget R _____, _____

Existing &/or a previous Account with this Credit Provider:

Branch No. _____

Account No. _____

Account Name _____

Instalment Amount per month R _____, _____

Number of Instalments _____

Current? ☐ Paid up? ☐ To be settled? ☐

Existing accounts with other Credit Provider?

Name of Company _____

Account No _____

Instalment Amount per month - R _____, _____

Current? ☐ Paid up? ☐ To be settled? ☐

Name of Company _____

Account No _____

Instalment Amount per month - R _____, _____

Current? ☐ Paid up? ☐ To be settled? ☐

Individual Applicant <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Surety/Co-Debtor <input type="checkbox"/>		ID/Passport No. _____																	
Transaction Details: Goods Description _____ Year Model _____ Salesman _____ Dealer Name _____ Dealer Tel No. (_____) _____ Scheme Code _____ Buyline Code _____ M&M Code _____ Period of Contract (Mnths) _____ Special Requirements _____ Balloon Payment _____% R _____ Residual Value _____% R _____ Purpose of Goods: Business <input type="checkbox"/> Private <input type="checkbox"/> Taxi <input type="checkbox"/> Commerce <input type="checkbox"/> Payment Frequency: Month <input type="checkbox"/> Bi-Ann <input type="checkbox"/> Quart <input type="checkbox"/> Annual <input type="checkbox"/> Payment Mode: Advance <input type="checkbox"/> Arrears <input type="checkbox"/> Cash <input type="checkbox"/> DebitOrder <input type="checkbox"/>		Applicant's Income Details: Gross Remuneration R _____ Monthly Commission R _____ Car Allowance included in Gross R _____ Net Take-home Pay R _____ Income other than Salary/Wages R _____ Source of Income _____ Total Monthly Income R _____ Applicant's Expenses per month: Bond Payment / Rent R _____ Rates, Water and Electricity R _____ Vehicle Instalments (excluding those to be settled) R _____ Personal Loan Repayments R _____ Credit Card Repayments R _____ Furniture Accounts R _____ Clothing Accounts R _____ Overdraft Repayments R _____ Policy/ Insurance Repayments R _____ Telephone Payment R _____ Transport Costs R _____ Food and Entertainment R _____ Education Costs R _____ Maintenance R _____ Household Expenses R _____ Other R _____ Total Monthly Expenses R _____ Applicant's Disposable Income R _____ Date Remuneration Received: ____/____/____ DD/MM/YY Are you currently liable as: Surety <input type="checkbox"/> Guarantor <input type="checkbox"/> Co-debtor <input type="checkbox"/> Specify Details: _____ _____ _____																	
Applicant's Financial Details: Proposed Rate _____% Fixed <input type="checkbox"/> Linked <input type="checkbox"/> Selling Price (VAT inclusive) R _____ Extras Description _____ R _____ _____ R _____ _____ R _____ Total of Extras R _____ Dealer VAPS Description _____ R _____ _____ R _____ _____ R _____ Delivery Fee R _____ Initial Fuelling Charges R _____ License and Registration Costs R _____ Initiation Fees to be financed? Y <input type="checkbox"/> N <input type="checkbox"/> Less Deposit /Initial Rental R _____ Source of Deposit _____ Total R _____																			
Insurance-Bank VAPS <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">InSale/Lease -Inside Act</th> <th style="width: 50%;">Rental - Outside Act</th> </tr> </thead> <tbody> <tr> <td>Credit Life Monthly <input type="checkbox"/></td> <td>Credit Life Monthly <input type="checkbox"/> Term <input type="checkbox"/></td> </tr> <tr> <td>Cover Plus Monthly <input type="checkbox"/></td> <td>Cover Plus Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Term <input type="checkbox"/></td> </tr> <tr> <td>Extended Warranty Term <input type="checkbox"/></td> <td>Motor Comprehensive Monthly <input type="checkbox"/> Annual <input type="checkbox"/></td> </tr> <tr> <td>Other _____ <input type="checkbox"/></td> <td>Courtesy Car Monthly <input type="checkbox"/> Annual <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Service & Maintenance Term <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Extended Warranty Term <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Other _____ <input type="checkbox"/></td> </tr> </tbody> </table>				InSale/Lease -Inside Act	Rental - Outside Act	Credit Life Monthly <input type="checkbox"/>	Credit Life Monthly <input type="checkbox"/> Term <input type="checkbox"/>	Cover Plus Monthly <input type="checkbox"/>	Cover Plus Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Term <input type="checkbox"/>	Extended Warranty Term <input type="checkbox"/>	Motor Comprehensive Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Other _____ <input type="checkbox"/>	Courtesy Car Monthly <input type="checkbox"/> Annual <input type="checkbox"/>		Service & Maintenance Term <input type="checkbox"/>		Extended Warranty Term <input type="checkbox"/>		Other _____ <input type="checkbox"/>
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Comprehensive Vehicle Insurance? Y <input type="checkbox"/> N <input type="checkbox"/> Policy No. _____ Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Existing Ins. Co Name _____ Tel No. (_____) _____ Broker Name _____ Tel No. (_____) _____																			
I confirm that: - A. I am not a minor. B. I have never been declared mentally unfit by a court. C. I am not subject to an Administration Order. D. I do not have any current application pending for debt restructuring or alleviation. E. I do not have any current debt re-arrangement 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 credit, nor open quotations as envisaged in section 92 of the National Credit Act. I. I have not received a S189 retrenchment notification in the last 6 months If any of the above is incorrect, state which and give details: _____ I understand that I will be liable for a monthly service fee. I hereby consent to this Credit Provider making enquiries regarding my credit history with any credit bureau. I consent to this Credit Provider 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 confirm that I have not received a retrenchment notification (S189 from my employer Signature of Applicant _____ Date _____																			



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New business 0861 137 137 **Settlements** 0861 212 212
Email service@wesbank.co.za
wesbank.co.z

Product Suitability consent

I agree that the FirstRand Group may get and use my information from:

1. Credit bureaus, such as TransUnion
2. Third-party qualification data providers, that use information from universities and other educational institutions

To determine my eligibility for this application and if the solution being applied for is right for me – whether it is for transact, telecommunication, invest, rental and/or other value-added solutions.

I agree that the Group may get, use and share my information with:

3. The South African Fraud Prevention Services

To detect, prevent and prosecute financial crime or if the Group reasonably believes that I have given false or misleading information or documents.

You can manage your consent at any time through “My Profile” on the app.

Your consent is important to proceed with your application. Without it, we won’t be able to process your application. If you withdraw your consent it will impact the ongoing use of the solution.

For more information about the FirstRand Group, our solutions and your privacy, go to the Privacy Notice on our website.

By signing this document, you confirm that you have read, understand and accept the provisions set out herein.

Signed on this _____ day of _____ 20 _____ at _____

By:
Duly authorised and warranting such authority