

HOOTERS

Somerset Car Sales cc T/A
 CK 94/13430/23
 131 Main Road
 Strand, 7140
 Tel: 021-854 5887
 Fax: 021-853 3727

FAX Cover Sheet

TO:	Eddie de Gouveia	FROM:	
FAX:	021 853 37 27	PAGES:	
PHONE:		DATE:	
Urgent:		For Review:	
		Please Comment:	
		Please Reply:	

Description of vehicle interested in?**Supporting Documents to be Attached**

	Completed Application Form
	Clear Copy of ID – Applicant
	Clear Copy of ID – Spouse
	Clear Enlarged Copy of Driver's license – Applicant
	Clear Enlarged Copy of Driver's license – Spouse
	Proof of residence (any utility account)
	1 months pay slip's (Latest 1)
	1 months over the counter bank statement with bank stamp on statements (pre approval can be done with internet banking statements)

Personal Details (Client Fill In ALL FIELDS PLEASE)														
FIRST NAME :						Copy ID Attached Yes / NO								
MIDDLE NAME :						IDENTIFICATION TYPE : Valid ID or Passport								
SURNAME :						DATE OF BIRTH : 19 __ / __ / __								
ID NUMBER						Do you have a Driver's License : Yes or No								
PREFERRED LANGUAGE : Eng or Afr						GENDER Male or Female								
TITLE : Mr , Miss , Mrs , Dr , Prof						RACE/ETHNIC GROUP : Black / Col / White / Asian								
COUNTRY OF NATIONALITY & RESIDENT :						Date Of Marriage : 19 __ / __ / __								
MARITAL STATUS			Married		Single		MARITAL CONTRACT			ANC – Anti Nuptial Contract		COP – In Community of Property		
			Divorced		Widowed									
MOBILE NUMBER (____)			WORK TEL NO (____)			PREFERRED CONTACT METODE			Cell phone or			Land line		
HOME TEL NO (____)			FAX NO (____)			MOBILE ACCOUNT TYPE			Contract or			Pay-as-you-go		
Email Address :									Graduated: __ Yes / __ No					
NO OF DIPENDANTS INCLUDING SPOUSE						PURPOSE OF LOAN VEHICLE PURCHASE								
WANT TO PARTICIPATE IN MARKETING SURVEYS			YES		NO		DOES THE CUSTOMER OWN ANY VEHICLE?			YES		NO		
HAS THE CUSTOMER TAKEN A PERSONAL LOAN BEFORE			YES		NO									
Vehicle Details you (Client Fill in all fields)														
ARTICLE MAKE / Model														
PURCHASE PRICE			R			TOTAL LOAN AMOUNT IF APPLYING FOR NEDBANK PERSONAL LOAN								

Dealer Extras (DEALER WILL COMPLETE THIS SECTION)			
ON THE ROAD CHARGES	R 1881 vat incl	Ocra Plus Roadside Assist 1Year	R 898.00 Vat Incl
1 YEAR WARRANTY	R 5118.60 vat Incl	Ocra Plus Roadside Assist 2 Year	R 1696.00 Vat incl
Ocra Roadside Assistance	R 670.00 vat incl		R

Finance Details (Client Fill In ALL FIELDS PLEASE)							
AGREEMENT		Instalment sale	REPAYMENT PERIOD	48	54	60	72
			INTEREST RATE				
PAYMENT FREQUENCY		Monthly	RESIDUAL VALUE %	__ %			
RATE INDICATOR		Fixed	FINANCE INITIATION FEES	Yes		No	
		Linked					
DEPOSIT AMOUNT R _____			DEPOSIT PAID IN ADVANCE	Yes		No	

Residential Details (Client Fill In ALL FIELDS PLEASE)			
RESIDENTIAL ADDRESS			Use box number
			Use residential address
RESIDENTIAL SUBURB		PO BOX ADDRESS	
TOWN			
POSTAL CODE			
RESIDENTIAL STATUS ARE YOU :	Owner – bonded		
	Owner – bond free		
	Living With parents	OUTSTANDING BOND BALANCE	R _____ . ____
	Tenant	BONDED VIA	
	Lodger	PERIOD AT ADDRESS	__ Years & __ Months
PROPERTY CURRENT VALUE IF YOU ARE OWNER	R _____ . ____	DOES THE CUSTOMER HAVE AN ALTERNATE ADDRESS	
ERF NO			

Spouse Details (Client Fill In ALL FIELDS PLEASE)			
FIRST NAME		ID NO	
MIDDLE NAME		IDENTIFICATION TYPE	Valid ID Passport
SURNAME		DATE OF BIRTH cc/yy/mm/dd	19 __ / __ / __
MOBILE NUMBER		HOME TELEPHONE NO	
MONTHLY INCOME	R _____ . ____	WORK TELEPHONE NO	
UNDER ADMINISTRATION	Yes No	ADDRESS	
BUSY WITH DEBT COUNSELLING	Yes No		
UNDER CURATORSHIP	Yes No		
UNDER INSOLVENTSY	Yes No		Postal Code

Employer Details (Client Fill In ALL FIELDS PLEASE)			
EMPLOYER NAME / COMPANY NAME		OCCUPATION	
EMPLOYER INDUSTRY TYPE		EMPLOYMENT TYPE	Permanent
CLIENT TYPE	Private individual		Contractual
	Selfemployed		Selfemployed
EMPLOYER ADDRESS			Pensioner
SUBURB			Unemployed
TOWN		EMPLOYMENT START DATE	19 __ / __ / __
POSTAL CODE		HOW IS THE CUSTOMER PAID	MONTHLY WEEKLY
PERIOD EMPLOYED	__ Years & __ Months	PAYSLIP DATE	
ANNY ANNUAL BONUSSES PAID	R _____ . ____	NET SALARY REFLECTING ON BANK STATEMENT	R _____ . ____
ALL PAYSLIP LOAN AMONTS REFLECING ON PAYSLIP	R _____ . ____	CONTACT NAME OF SUPERVISOR / MANAGER	

Applicant Income Details (Client Fill in)				Spouse/Other Income Details (Client Fill in)			
SOURCE OF FUNDS		Salary					
GROSS REMUNERATION	R	_____ . ____		GROSS REMUNERATION	R	_____ . ____	
MONTHLY COMMISSION (INC IN GROSS)	R	_____ . ____		MONTHLY COMMISSION (INC IN GROSS)	R	_____ . ____	
CAR ALLOWANCE (INC IN GROSS)	R	_____ . ____		CAR ALLOWANCE (INC IN GROSS)	R	_____ . ____	
OVERTIME (INC IN GROSS)	R	_____ . ____					
NET TAKE-HOME PAY	R	_____ . ____		NET TAKE-HOME PAY	R	_____ . ____	
OTHER INCOME (Bonuses)	R	_____ . ____		OTHER INCOME	R	_____ . ____	
TOTAL MONTHLY INCOME	R	_____ . ____		TOTAL MONTHLY INCOME	R	_____ . ____	
Applicant Expenses				Spouse/Other Expenses			
BOND PAYMENT/RENT	R	_____ . ____		BOND PAYMENT/RENT	R	_____ . ____	
MUNICIPALITY RATES, WATER & ELECTRICITY	R	_____ . ____		RATES, WATER & ELECTRICITY	R	_____ . ____	
VEHICLE INSTALMENTS (EXC INSTALMENTS TO BE SETTELED)	R	_____ . ____		VEHICLE INSTALMENTS (EXC INSTALMENTS TO BE SETTELED)	R	_____ . ____	
PERSONAL LOAN REPAYMENTS	R	_____ . ____		PERSONAL LOAN REPAYMENTS	R	_____ . ____	
CREDIT CARD REPAYMENTS	R	_____ . ____		CREDIT CARD REPAYMENTS	R	_____ . ____	
FURNITURE ACCOUNTS	R	_____ . ____		FURNITURE ACCOUNTS	R	_____ . ____	
CLOTHING ACCOUNTS	R	_____ . ____		CLOTHING ACCOUNTS	R	_____ . ____	
OVERDRAFT REPAYMENT	R	_____ . ____		OVERDRAFT REPAYMENT	R	_____ . ____	
POLICY / INSURANCE PAYMENTS	R	_____ . ____		POLICY / INSURANCE PAYMENTS	R	_____ . ____	
TELEPHONE PAYMENTS	R	_____ . ____		TELEPHONE PAYMENTS	R	_____ . ____	
TRANSPORT COSTS (fuel)	R	_____ . ____		TRANSPORT COSTS	R	_____ . ____	
FOOD AND ENTERTAINMENT	R	_____ . ____		FOOD AND ENTERTAINMENT	R	_____ . ____	
EDUCATION COSTS	R	_____ . ____		EDUCATION COSTS	R	_____ . ____	
MAINTENANCE	R	_____ . ____		MAINTENANCE	R	_____ . ____	
HOUSEHOLD EXPENSES	R	_____ . ____		HOUSEHOLD EXPENSES	R	_____ . ____	
OTHER EXPENSES	R	_____ . ____		OTHER EXPENSES	R	_____ . ____	
TOTAL EXPENSES	R	_____ . ____		TOTAL EXPENSES	R	_____ . ____	
DISPOSABLE INCOME	R	_____ . ____		DISPOSABLE INCOME	R	_____ . ____	
Liability Details							
SURETY		YES		NO	SURETY DESCRIPTION		
GUARANTOR		YES		NO	GUARANTOR DESCRIPTION		
CO-DEBTOR		YES		NO	CO-DEBTOR DESCRIPTION		
UNDER ADMINISTRATION		YES		NO	HOW MANY GARNISHEE ORDERS ON THE PAYSIP AND WHAT IS THE AMOUNTS	0 / 1 / 2 / 3 / 4	
BUSY WITH DEBT COUNSELLING		YES		NO		1	
UNDER CURATORSHIP		YES		NO		2	
UNDER INSOLVENCY		YES		NO			

Relative Details (Client Fill In ALL FIELDS PLEASE)				
FIRST NAME		SURNAME		
RELATION TO YOU		PREFERRED CONTACT METHOD	Cellphone	Landline
HOME PHONE NUMBER	(____)	RELATIVE'S ADDRESS		
WORK TEL NUMBER	(____)	RELATIVE'S SUBLURB		
CELL NUMBER		RELATIVES TOWN		
		POSTAL CODE		

Banking Details (Client Fill In ALL FIELDS PLEASE)				
ACCOUNT HOLDER'S NAME				
BANK NAME		BANK BRANCH		
BRANCH CODE		ACCOUNT TYPE	Cheque	Saving
DATE BANK ACCOUNT WAS OPENED	19 __ / __ / __	ACCOUNT OLDER THAN 2 MONTHS	Yes	No
I have a valid bank account number and would like to enter it?	Yes	No	BANK ACCOUNT NUMBER	
PAYMENT METHOD	Debit order	Cash	1 st Payment for debit orders 1 st or 25 th or 30 th	
Existing vehicle details to be settled				
BANK NAME (ACCOUNT TO BE SETTLED)		ACCOUNT NO. TO SETTLE		
SETTLEMENT AMOUNT		MONTHLY INSTALMENT (ACCOUNT TO BE SETTLED)		
Vehicle details to be settled :				

NB : Also needed

- 1) CLEAR ID COPY
- 2) Clear Drivers Licence Copy
- 3) Proof of residence (any account with home address on)
- 4) 1 months Pay slips (Latest) Commission earners need to provide 3 months payslips!!
- 5) 1 months Bank statements (over the counter with bank stamp on) Commission earners need to provide 3 months bank statements !!
- 6) FAX ALL DOCUMENTS TO **021 853 3727**
- 7) NB !! PLEASE NOTE APPLICATION **CAN NOT** BE SUBMITTED WITHOUT **EVERY QUESTION ANSWERED !!!**