



Thank you for choosing Auto Arena for the purchase of your pre loved motor vehicle, we pride ourselves in giving the best customer service and supplying class leading quality pre owned vehicles. Your enquiry is important to us and we shall always strive to give you the best possible deal, please supply the following via email to apply for finance

- FILL IN THE APPLICATION FORM ATTACHED
- ATTACH A COPY OF YOUR ID
- ATTACH A COPY OF YOUR DRIVES LICENSE
- ATTACH 3 MONTHS BANK STATEMENTS
- ATTACH 3 MONTHS PAYSLIPS
- SEND TO EMAIL ADDRESS: sales@autoarena.co.za

We look forward to assisting you to drive away with your next vehicle, Please don't hesitate to contact us at anytime if you need any assistance

Best regards

The **Auto Arena** Team

APPLICATION FOR INSTALMENT FINANCE-PG1



We buy and sell quality used vehicles

GOODS DESCRIPTION	NEW USED	MODEL	MAKE	M&M CODE	<input type="text"/>
DEALER/SUPPLIER			TEL NO.		
F&I CONTACT PERSON		SALES PERSON		FAX NO.	
CASH PRICE VAT INCL.	VATABLE EXTRAS VAT INCL.		<input type="checkbox"/> INSTALMENT	<input type="checkbox"/> LEASE	<input type="checkbox"/> RENTAL <input type="checkbox"/> OTHER
ADD COVER	RADIO/TAPE		TERM		
LICENCE/REG	NUMBER PLATES		RATE		
CREDIT LIFE	WARRANTY		<input type="checkbox"/> ADVANCE	<input type="checkbox"/> ARREARS	
DEPOSIT/TRADE IN	OTHER		RESIDUAL		
FINANCABLE AMOUNT	R	OTHER	INSTALMENT R		
PERSONAL DETAILS	TITLE	SURNAME	ID NO.		
FULL NAMES			INITIALS	DEPENDANTS	
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	MARRIED <input type="checkbox"/> ANC <input type="checkbox"/> COP <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED	DATE MARRIED		
HOME ADDRESS				PERIOD	
TEL(H)	TEL(W)	CELL	FAX	E-MAIL	
POSTAL ADDRESS				CODE	
PREVIOUS ADDRESS				PERIOD	
SPOUSE NAMES			SPOUSE ID		
NEXT OF KIN			RELATIONSHIP		
ADDRESS				TEL	
BOND DETAILS	BOND HOLDER			AMOUNT OUTSTANDING	
PROPERTY VALUE	R	INSTALMENT	R	/M	PURCHASE PRICE
DATE PURCHASED	REGISTERED	<input type="checkbox"/> OWN NAME	<input type="checkbox"/> SPOUSE	RENTING	R
EMPLOYER DETAILS	EMPLOYER			OCCUPATION	
EMPLOYER ADDRESS			TEL	NO. OF YEARS	
SALARY DATE		PREVIOUS EMPLOYER		NO. OF YEARS	
SPOUSE EMPLOYER			NO. OF YEARS		
TEL			OCCUPATION		
BANK DETAILS	BANK NAME	BRANCH NAME	BRANCH CODE		
NAME OF ACCOUNT HOLDER		ACCOUNT NO.			
<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> TRANSMISSION	<input type="checkbox"/> CURRENT		
TRADE REFERENCE	BRANCH	ACCOUNT NO.	INSTALMENTS	PAID UP/CURRENT/TO BE SETTLED	
ETHNIC GROUP					
<input type="checkbox"/> AFRICAN <input type="checkbox"/> COLOURED <input type="checkbox"/> INDIAN <input type="checkbox"/> WHITE					
LANGUAGE PREFERENCE					
<input type="checkbox"/> ENGLISH (PRIMARY) <input type="checkbox"/> AFRIKAANS (FOR AN EXPLANATORY VERSION)					
<input type="checkbox"/> ZULU (FOR AN EXPLANATORY VERSION) <input type="checkbox"/> SOTHO (FOR AN EXPLANATORY VERSION)					

Signature _____ Date _____

MFC is an authorised Financial Services and Credit Provider • NCR Registration No. NCRCP63

APPLICATION FOR INSTALMENT FINANCE-PG2

APPLICANT INITIALS:		SURNAME:	
ID NR:			

PERSONAL APPLICATION FORM

SALARY DETAILS	OWN	SPOUSE
BASIC MONTHLY (EXCL CAR ALLOWANCE)	R	R
CAR ALLOWANCE	R	R
TOTAL SALARY (BASIC & CAR ALLOWANCE)	R	R
MONTHLY COMMISSION	R	R
NET TAKE HOME PAY	R	R
INCOME OTHER THAN SALARY/WAGES**	R	R
SOURCES OF OTHER INCOME**		
TOTAL MONTHLY HOUSEHOLD INCOME (NET SALARY & OTHER)	R	

HOUSEHOLD'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 HOUSEHOLD EXPENSES	R		
HOUSEHOLD SURPLUS/DISPOSABLE INCOME	R		

ARE YOU CURRENTLY LIABLE AS: SURETY GUARANTOR CO-DEBTOR

SPECIFY DETAILS: _____

IF YOU HAVE SIGNED SURETY OR CO-DEBTOR PLEASE INDICATE THE FULL AMOUNT OUTSTANDING R

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.

If any of the above is incorrect give details: _____

Declaration by Client:

I hereby grant the Credit Provider the right to communicate with me through any electronic/written media or verbally in order to make available to me, their product offering.	Y	N
	<input type="checkbox"/>	<input type="checkbox"/>
I hereby grant the Credit Provider the right to increase my Credit Limit once every year to accommodate any Value Added Products needed and requested by me.	<input type="checkbox"/>	<input type="checkbox"/>
I hereby give consent to the Credit Provider to make enquiries about my credit record with any credit agency and to obtain whatever information on me they might require to process the application. I also give consent to the Credit Provider to share my payment behaviour with any credit agency.	<input type="checkbox"/>	<input type="checkbox"/>

I hereby declare that all of the above information is true and correct.

Signature _____ Date _____