

IMVUSA TRADING 2080cc

APPLICATION FORM

Address: 23 Trafford Road, Unit 2, Blackheath

Tel.: 021 8022765 Fax.: 021 9055890 Cel.: 0825012845/6

Personal Details:

DATE:

Title:.....

Surname:.....

First Name:.....

ID Number:.....

Nationality:.....

Language:.....

Tel:h).....w).....C).....

Address:.....

City/Town:.....

Postal Code:.....

Email Address:.....

Do you rent or own?..... Years at current address:.....

Marital Status:..... Children:.....

Employment Details:

Employer Name:..... Date Started:.....

Occupation:..... How does your salary get paid?.....

Employer Address:.....

City/Town:.....

Postal Code:.....

Salary Person:..... Tel No..... Pay Date:.....

Are you permanent?.....

Basic Salary: R.....

Net Salary: R.....

Overtime: R.....

Gross: R.....

Deductions on payslip: R.....

Commission: R.....

Other Deductions: R.....

Banking Details:

Bank Name: Account Number :

Branch: When did you open this account?.....

Type of Account :.....

1.)Next of Kin (Not living with you)

Surname : First Name:

Home Number:..... Cell Number:.....

Relation:.....

.2) Next of Kin (Not living with you)

Surname: First Name:

Home Number: Cell Number:

Relation:

Acknowledgement ,Concent and Authorisation of Applicant

I declare that the above information is true and correct. This application is subject to final approval and may be accepted or rejected by the Credit Provider at its sole discretion,subject to its`s final credit assessment process.I consent to the Credit Provider making enquiries about my credit record with any credit reference agency or with any party as per the information provided by me.I further consent to the Credit Provider carrying out identity and fraud prevention tests.I also hereby authorize the Credit Provider to obtain a credit report from a credit bureau for purposes of an assessment prescribed by Section 81.

Please complete the form and fax it to us. NB. YOUR APPLICATION MUST BE ACCOMPANIED BY YOUR 4 LATEST PAY SLIPS, CLEAR COPY OF ID & 3 MONTH BANKSTATEMENT STAMPED BY BANK. FAX ALL DOCUMENTS.

Signature:.....

Date: