



# Credit Application

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## CLIENT DETAILS

Surname: \_\_\_\_\_ First name: \_\_\_\_\_ Title (Mr/Mrs/Miss/Dr, etc) -----  
 ID no./SA passport no.: \_\_\_\_\_ SA resident Yes No Gender Male Female Date of birth: \_\_\_\_\_  
 Marital status: Single Married Divorced Widowed Separated Livingtogether Race: \_\_\_\_\_  
 Contact details: Tel (w): \_\_\_\_\_ Tel (h): \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Residential address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Postal address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Period at this address (years) ----- Period at previous address (years) ----- Do you own property? Yes No  
 Income category: Self-employed Commission Casual worker Permanent Contract worker Pensioner Unemployed  
 Present employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employed since: \_\_\_\_\_ Employee no.: \_\_\_\_\_  
 Address of employer: \_\_\_\_\_ Contact no.: \_\_\_\_\_ Salary date/day: \_\_\_\_\_  
 Are you currently under administration order? Yes No Are you currently under or have you applied for debt counselling? Yes No  
 Are you under curatorship? Yes No Do you have any dispute in process with a credit Bureau? Yes No  
 Have you been declared insolvent? Yes No If yes, date of insolvency: \_\_\_\_\_ Date rehabilitated: \_\_\_\_\_

## SPOUSE DETAILS AND/OR CLOSE RELATIVE

Is your spouse currently under administration order? Yes No Is your spouse currently under or has he/she applied for debt counselling? Yes No  
 Is your spouse under curatorship? Yes No Does your spouse have any dispute in process with a credit bureau? Yes No Has  
 your spouse been declared insolvent? Yes No If yes, date of insolvency: \_\_\_\_\_ Date rehabilitated: \_\_\_\_\_  
 Surname: \_\_\_\_\_ First name: \_\_\_\_\_ Title (Mr/Mrs/Dr, etc) -----  
 Contact details: Tel (w): \_\_\_\_\_ Tel (h): \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
 Residential/ Postal address: \_\_\_\_\_ Postcode: \_\_\_\_\_

## ADDITIONAL CONTACT DETAILS (Relative or friend not living with you)

Relationship: \_\_\_\_\_ Surname: \_\_\_\_\_ First name: \_\_\_\_\_ Tel (h): \_\_\_\_\_  
 Tel (w): \_\_\_\_\_ Physical address: \_\_\_\_\_ Postcode: \_\_\_\_\_

INCOME		DEBT REPAYMENTS		LIVING EXPENSES	
Gross monthly basic salary	..R, _____	Home loans	R _____	Telephone and cell phones	R _____
Commission lowest of 3 months	..R, _____	Vehicle loans	R _____	Rates, water and electricity	R _____
Overtime (lowest of 3 months)	.R, _____	Instalment loans	R _____	Rent and accommodation	R _____
Payslip permanent allowances	.R, _____	Personal loans	R _____	Education and school fees	R _____
Payslip bonus/non permanent income	R, _____	Credit card payments	R _____	Transport and petrol	R _____
Payslip net monthly income	..R, _____	Revolving credit payments	R _____	Groceries, food and clothing	R _____
Spouse employment net income	..R, _____	Total debt repayments	R _____	Insurance, savings and investments	R _____
Rental income	R _____	No. of people living in your household/dependants	_____	Other expenses	R _____
All other income	R _____	No. of income earners in your household	_____	Total living expenses	R _____

## REPAYMENT DETAILS

The debit order to be deducted from the following account: **Bank**----- Account no.: -----  
 Branch: ----- Branchcode: ----- Type of account: Current Savings Frequency of payment: Weekly Monthly

## CONFIRMATION

I acknowledge that I have fully and truthfully answered all requests for information and have disclosed all relevant information to conduct a proper credit assessment. I warrant that all the information I supplied is to the best of my knowledge and belief, true and correct and all material respects and I am not aware of any other information which, should it become known to the Financier, would affect the consideration of my application in any way. I hereby authorise the financier to have access to my credit bureau records. I hereby authorise Aetas to supply my details to their exclusive business partners to enable them to provide me with tailored quotes to suit my circumstances.

Signed at: \_\_\_\_\_ on \_\_\_\_\_

Applicant signature

Witness signature