

Individual Application for Garmin on Contract

Reg : 2008/003481/07
 3rd Floor Lakeside Building A
 2004 Gordon Hood Drive,
 Centurion. 0157



Telephone: 0861 253 453
 Fax: 0861 263 463
 E-mail: info@stratcorpsolutions.co.za

Application to be submitted together with Payslip, 3 months bank statements, ID document and Utility Bill (Water & Lights Account)

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: _____

Country Issued: _____ Issue date: _____

Surety ID No. (If appl) _____

Language Preference: English Afrikaans

Applicant's Details:

Title: _____ Initials: _____ Surname: _____

1st Name: _____ 2nd Name: _____

Gender: Male Female Graduate: Yes No

Trading as/ Name: _____

VAT No: _____ Cel No: _____

Home Tel: _____ Fax nr: _____

E-mail address: _____

Home address: _____

Suburb: _____ Postal Code: _____

Period at Current Home Address: (Yrs _____ Months _____)

Postal Address: _____

Suburb _____ Postal Code _____

Period at Previous Home Address: (Yrs _____ Months _____)

Suburb _____ Postal Code _____

Employment Details:

Period at Employer: (Yrs _____ Months _____)

Name _____

Address _____

Suburb _____ Postal Code _____

Bus Tel No. (_____) _____ Fax No. (_____) _____

Type of Industry: _____ Employee No. _____

Emp Cont No: (_____) _____ Occupation _____

Period at Previous Employer: (Yrs _____ Months _____)

Name: _____

Address _____

Suburb: _____ Postal Code: _____

EmpCont No: (_____) _____ Occupation: _____

Pre – Screen Questions:

Are you currently under debt review? Yes No

Are you currently under sequestration? Yes No

Are you currently under an administration order? Yes No

Marital Details:

Marital Status: Single Married Divorced Widow/er

No. of Dependants: _____ Date Married ____/____/____ (DD/MM/YY)

Married: ANC COP OTHER: _____

Spouse's Details: First Name _____

Surname: _____ Income: R _____

Spouses ID No: _____

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: _____

Tel No: _____ Fax No: _____

Banking Details:

Account type: Cheque Savings Transmission

Bank Name: _____ Branch Code: _____

Account No: _____

Account Holder Name: _____

Preferred Payment Date: _____

(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 _____

Financial Commitments:

Name of Company: _____

Account No: _____

Instalment Amount per month - R _____

Current Paid Up To be settled

Name of Company: _____

Account No: _____ Instalment Amount: R _____

Current Paid Up To be settled

Name of Company: _____

Account No: _____ Instalment Amount: R _____

Home Ownership:Do you own your Property: Yes No If Yes: In your name? In your spouse's name? Both Property Type: House Townhouse Flat

Stand No: _____ 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 _____

Bond Holder name: _____

Transaction details:

Description of Goods: _____

Insurance: StratFin: Own: Please complete Insurance Company details below:

Insurance Company: _____

Policy Nr: _____ Contact Nr: _____

NOTE: In the absence of written confirmation by the insurance company, StratFin (Pty) Ltd will insure the goods for which the premium will be collected with the monthly payment.Credit Protection Fee: Yes No R _____Contract Term: 24 (Months)

Monthly payment (Incl. VAT): R _____

Sales Representative Details:

Name: _____

Branch: _____

Sales Code: _____

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(excl. 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 is Received: _____

TERMS AND CONDITIONS

- 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

May we contact you to inform you of our other products and services which:

May include special offers, upgrades and/or new products banking groups

May we contact you to inform you about products and services at placement

May we contact you to inform you about products and services of a third party

Which of the following methods of communication would you prefer we use to contact you

May we, or a company contracted to us, contact you for research purposes

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
<input type="checkbox"/>	SMS	<input type="checkbox"/>	E-mail	<input type="checkbox"/>	Mail	<input type="checkbox"/>	Telephone
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				

I consent to this Credit Provider reporting the conclusion of any credit agreement with me to the 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 consent to StratFin to make enquiries about my credit record with credit reference agencies for the purposes of assessing this credit application or updating information in future.

If you are married in community of property you are to obtain the written consent of your spouse, in terms of the Matrimonial Property Act of 1984, before entering this agreement.

I confirm that the required consent is held; or I confirm that the required consent is not held:

I also consent to StratFin sharing information with such agencies about how I manage this agreement, who may in turn share this information with other credit providers. I consent to identify and fraud prevention checks and sharing information relating to this application through the South African Fund Prevention Service.

Full Names of Applicant _____

Signature _____

Date _____