

Goods description	<input type="checkbox"/> New	Model	Make	M&M code					
	<input type="checkbox"/> Used								
Dealer/Branch				Tel					
Contact person	Sales person			Fax					
Cash price (VAT incl)	R	Vatable extras (VAT incl)			<input type="checkbox"/> Instalment	<input type="checkbox"/> Lease			
Licence/Registration fee	R	Radio/CD	R	Term					
Deposit/trade-in	R	Other	R	Rate					
Financeable amount	R	Warranty	R	Initiation fee:	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude			
				Balloon					
				Instalment					

Business details									
Type of business		Client type:							
<input type="checkbox"/> Sole proprietor	<input type="checkbox"/> Sole proprietor								
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other partnerships		<input type="checkbox"/> Professional partnership before Companies Act						
<input type="checkbox"/> Close corporation	<input type="checkbox"/> Close corporation		<input type="checkbox"/> Close corporation converted						
<input type="checkbox"/> Trust	<input type="checkbox"/> Managing trust								
<input type="checkbox"/> Company	<input type="checkbox"/> Legal entity	<input type="checkbox"/> Non-listed foreign domesticated company			<input type="checkbox"/> Wholly owned subsidiary of SA listed company				
		<input type="checkbox"/> Non-listed foreign external company			<input type="checkbox"/> Non-listed SA company registered after Companies Act				
		<input type="checkbox"/> Non-listed foreign national company			<input type="checkbox"/> Wholly owned subsidiary of foreign national company				
		<input type="checkbox"/> Other legal entity/persons/organs of the state			<input type="checkbox"/> Listed foreign national company				
		<input type="checkbox"/> Non-listed SA company before Companies Act			<input type="checkbox"/> Listed SA company				
Business name									
Registration no				Are you a registered VAT vendor?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Registration date				VAT registration no					
For what purpose will the goods be used?				<input type="checkbox"/> Taxable purposes		<input type="checkbox"/> Non-taxable purposes			
Nature of industry			Country of incorporation		Country				
Ring-fenced company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Language preference?	<input type="checkbox"/> Eng (primary)	<input type="checkbox"/> Afr	<input type="checkbox"/> Other			
Business address									
								Code	
Principal place of business									
Operating address if different from business address								Code	
Postal address									
								Code	
Telephone				Email					
Business fax				No of years in business					
Owner of premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bond amount outstanding						
Source of income	<input type="checkbox"/> Business proceeds		<input type="checkbox"/> Court order			<input type="checkbox"/> Commission			
	<input type="checkbox"/> Shareholding in another legal entity		<input type="checkbox"/> Other source of income			<input type="checkbox"/> Sale of asset			

Banking details									
Bank name				Branch name					
Branch code				Name of account holder					
Account no				Type of account		<input type="checkbox"/> Cheque		<input type="checkbox"/> Savings	

NB * PLEASE SUPPLY COMPLETED INDIVIDUAL APPLICATIONS OF ALL DIRECTORS/MEMBERS/TRUSTEES/PARTNERS.
PLEASE SUPPLY ENTITY'S REGISTRATION AS WELL AS VAT REGISTRATION DOCUMENTATION.

List of directors/members/trustees/partners									
Full names(s)				Number of years in position					
Surname	ID no								
Full names(s)				Number of years in position					
Surname	ID no								
Full names(s)				Number of years in position					
Surname	ID no								

Applicant's signature: Capacity:

List of directors/members/trustees/partners (continued)			
Full names(s)		Number of years in position	
Surname	ID no		
Full names(s)		Number of years in position	
Surname	ID no		
Full names(s)		Number of years in position	
Surname	ID no		
Full names(s)		Number of years in position	
Surname	ID no		
Full names(s)		Number of years in position	
Surname	ID no		

Nedbank client	Branch	Account no	Instalment	Paid up/Current/To be settled
Company trade reference	Branch	Account no	Instalment	Paid up/Current/To be settled

I/We hereby provide my/our express consent to the credit provider to request bank statements in respect of the bank account(s) listed below, for the sole purpose of applying for vehicle finance Yes No

Electronic bank statement banking details			
Bank name		Branch name	
Name of account holder		Branch code	
Account no		Account type	

MFC, a division of Nedbank, requires your consent to use the information contained in this application form. Therefore you hereby consent to MFC:

- using this information for the application for vehicle finance and the products that will be made available to you during this transaction by MFC or its partners;
- making the information available to credit bureaus; and
- collecting data from all other bureaus to verify the information given by you in this application.

Declaration by applicant

I/We will submit the following together with the application form:

- a copy of the business's Memorandum of Incorporation (if the business is a company) or the Founding Documents of the Close Corporation (if the business is a Close Corporation); and
- copies of all Special Resolutions passed by the business.

I/We hereby warrant that:

- I/we am/are duly authorised to sign this application on behalf of the business submitting the application;
- the business is solvent;
- the business is not financially distressed;
- the directors/members/partners/trustees of the business have not resolved to commence business rescue proceedings;
- no steps in anticipation of business rescue proceedings have been taken or have been threatened by any party, whether related to the business or not; and
- there are no provisions in the company's Articles of Association/Memorandum of Incorporation that conflicts with the Companies Act, 71 of 2008 (as amended from time to time), and that the company's Articles of Association/Memorandum of Incorporation comply/complies with the provisions of the said act.

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

Applicant(s)

Signed at on / / /
Place Day Month Year

Applicant's signature: Capacity:

Applicant's signature: Capacity:

Witnesses

Signed at on / / /
Place Day Month Year

Witness 1 signature Witness 2 signature