



ge I of 2



Vehicle and Asset Finance application

This form is to be completed by the primary applicant. Please use block letters to complete the form accurately as errors and omissions can affect our ability to process the application successfully.

Originator ID		Originat	Originator branch		ampaign code	Campaign amount	
Ind	ividual	First time borrower	Repeat borrower				
Per	sonal inf	formation					
Title)	First name	_	:	Surname		
Mid	dle name(s	s)			Other name(s)		
Date of birth (YYYY-MM-DD)				Gender Male Female			
Mobile number 1				ľ	Mobile number 2		
Send statement via email				Email address			
Em	ergency	contact detail (not livin	g in the same address)				
1	itle	First name		Surname		Relationshi	р
1 5	elephone	(Work)		Telephone (Home)	Mobile	
Contact 1	Residential	address					
	Area			Town/City		State	
Ţ	itle	First name		Surname		Relationshi	р
act 2	elephone	(Work)		Telephone (Home)	Mobile	
Contact 2	Residential	address					
A	Area			Town/City		State	
Employment details							
	Permane	ent Private practice	Self-employed	Contract	Part-time	Pensioner St	udent Unemployed
E	Employer's	name			Scheme name		
ı	ndustry/se	ector			Type (for example, Pr Local Government)	rivate Company,	
	Telepho	ne (country code - area c	ode - phone number, for	example, 234	4 1 270 9444 or 234 8	02 339 4176)	
er	Primary				Other		
Employe Cor	Web add	ress					
ᇤ_							
	Address						
dress	LGA						
			City			State	
			months with current em	nployer)		Period employed	
Employer name						(YY-MM)	
Financial information							
Rent/mortgage payment				Vehicle finance payment			
Other verifiable monthly income Other debt payments Main banking account details							
Ac	count typ	e Current	Transactional	Savings	Other, please spe	-	
Acc	count num	ber				Salary account	Yes No
Acc	count nam	e					

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Customer to initial

Designation (where applicable)

Date (YYYY-MM-DD)

Designation (where applicable)

Date (YYYY-MM-DD)

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