

Year Model	Make	Model	M&M Code

Dealership	Victory Auto's		
Sales Consultant		F&I	Jo-Anne
Telephone Number	021 982 0289	Email	finance@victoryautos.online

E-APPLICATION FORM	
Company Name :	
Trading Name :	
Company Established Date :	Company Year End (Month) :
Company Type : <input type="checkbox"/> Close Corporation <input type="checkbox"/> Private Company - Pty Ltd <input type="checkbox"/> Public Company - Ltd <input type="checkbox"/> Sole Proprietor/Trader <input type="checkbox"/> Registered Trust <input type="checkbox"/> Non-Profit Company (Sec21) <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated Company - INC <input type="checkbox"/> Co-Operative <input type="checkbox"/> Foundation <input type="checkbox"/> Registered Friendly Society <input type="checkbox"/> Other associations/Club/Etc <input type="checkbox"/> Foreign Registered Company <input type="checkbox"/> Government/Quazi-Government	
Business Registration Number :	
Is Company VAT registered?	VAT Number :
<input type="checkbox"/> Yes <input type="checkbox"/> No	

COMPANY DETAILS	
Client Sub Type : <input type="checkbox"/> SA Citizen in SA <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Close Corporations <input type="checkbox"/> Listed SA Company <input type="checkbox"/> Inter Vivos Trust <input type="checkbox"/> Refugee <input type="checkbox"/> Foreign National residing in SA <input type="checkbox"/> SA Citizen residing abroad <input type="checkbox"/> Non-listed Foreign Domesticated Company <input type="checkbox"/> Non-listed Foreign External Company <input type="checkbox"/> Non-listed SA Company before Comp Act <input type="checkbox"/> Other Legal Entity / Persons / Organs of State <input checked="" type="checkbox"/> Other Partnership <input checked="" type="checkbox"/> Professional Partnership before Comp Act <input checked="" type="checkbox"/> Wholly owned subsidiary of a SA Listed Company <input checked="" type="checkbox"/> Asylum Seeker	
Is the Company solvent?	Is the Credit secured by a Mortgage loan?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Black Owned :	Black Owned Percentage :
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Registered Tax Payer :	Tax Number :
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Assets & Profits Ringfenced :	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Number :	Telephone Number :
E-Mail :	
Country of Operation :	Country of Head Office :
Sector of Industry :	Industry Type :
Time in Business (YY/MM) :	Source of Income :
Does the entity have tax obligations, tax liabilities or tax residencies outside of South Africa?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the entity incorporated or does it have a place of effective management outside of SA?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the goods be used for taxable purposes?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you operate in one or more of the following industries? (If yes, please select below)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Adult Entertainment Industry <input type="checkbox"/> Gambling Industry <input type="checkbox"/> Money Service Bureaus <input type="checkbox"/> Defence	
<input type="checkbox"/> Art Dealers <input type="checkbox"/> Pawn Brokers <input type="checkbox"/> Scrap Metal Merchants	
<input type="checkbox"/> Second Hand Dealers <input type="checkbox"/> Cryptocurrency Exchanges	

REPRESENTATIVE	
Business Contact Title	Business Contact Designation
Business Contact Name & Surname	

GEOGRAPHICAL DETAILS	
Physical Address _____	Postal Code _____
Postal Address _____	Postal Code _____
Operating Address _____	Postal Code _____
Registered Address _____	Postal Code _____
Property Address _____	Postal Code _____
Property Owned by Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Ownership (Tenant, Owner etc)
Rent Amount	Bond Repayment

FINANCIAL DETAILS	
Do you have a valid bank account number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder's Name	Bank Name
Branch Name	Branch Code
Account Type	Account Number

BALANCE SHEETS		
Year	Total Asset Amount	Turnover

PROFIT / LOSS	
Nett Profit	Total Liabilities

TRADE IN	
Setteling Existing Account? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bank
Account Number	Monthly Instalment

CONSENT	
Bank Statement Consent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client has consented to a credit or payment profile enquiry for purpose of this application	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent to obtain information from the appropriate parties to verify details?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you give express consent for additional credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I understand and acknowledge that as part of the finance application process, the financial institution/s with whom my application has been shared, may approach my primary bank to obtain additional information on my profile, in order to assist to process my application, which includes, but is not limited to information that may be required for behavioral analysis to provide product suggestions, FICA, fraud, income and affordability verification purposes.

Yes

No

Applicant Signature

Date of Application