

Development Finance and Business Affordability Form

E-mail
Fax
Form version no

contracts@bridgetaxifinance.co.za
(086) 595-7517
18.3

Date processed	<input type="text"/>	Processed by	<input type="text"/>
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Section 1 - Goods & Finance required

Dealer	<input type="text"/>	Salesman	<input type="text"/>
Dealer Branch	<input type="text"/>	Spotter	<input type="text"/>
Dealer contact no	<input type="text"/>	Dealer Address	<input type="text"/>
Vehicle description	<input type="text"/>	Dealer contact no	<input type="text"/>
No of seats	<input type="text"/>	Year model	<input type="text"/>
New/Used	<input type="text"/>	Registration no (if applicable)	<input type="text"/>
		Finance option	<input type="text"/>
Price (VAT included)	<input type="text"/>	Upfront payment amount required	<input type="text"/>
Term (Months)	<input type="text"/>	Proof of Upfront payment	<input type="text"/>

Section 2 - Applicant Details

Title	<input type="text"/>	Date of Birth	<input type="text"/>
First Names	<input type="text"/>	Surname	<input type="text"/>
ID no	<input type="text"/>	Income Tax Reference no	<input type="text"/>
Copy of ID document (Attached?)	<input type="text"/>		
Sex	<input type="text"/>	Status	<input type="text"/>
If married, Spouse name	<input type="text"/>	How married	<input type="text"/>
Spouse ID no	<input type="text"/>	In community of property	<input type="text"/>
Race (<i>African, Indian, White, Coloured, Other</i>)	<input type="text"/>	Out of community of property	<input type="text"/>
		With / without Ante Nuptual Contract	<input type="text"/>
Do you have any disability ?	<input type="text"/>		
If yes, please details	<input type="text"/>		
Residential address line 1	<input type="text"/>	Postal address line 1	<input type="text"/>
Residential address line 2	<input type="text"/>	Postal address line 2	<input type="text"/>
Residential address line 3	<input type="text"/>	Postal address line 3	<input type="text"/>
Province	<input type="text"/>	Province	<input type="text"/>
Postal code	<input type="text"/>	Postal code	<input type="text"/>
How long at present address (Years)	<input type="text"/>	FICA confirmation of address (Copies attached?)	<input type="text"/>

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Tel no (Home)		Tel no (Cell)	
Fax no		Tel no (Work)	
Tel no (Other)		E-mail address	
Taxi Association		Occupation	
Address line 1		No of years	
Address line 2		Taxi Association membership certificate attached?	
Address line 3		Operating license reference no	
Province		Copy of PDP attached?	
Postal code		Tel no	
Taxi Association Contact Name		Cel no	
Contact position		Tel no	
Taxi Association Contact Name		Cell no	
Contact position		Account No	
Bank Account Details		Branch code	
Account Holder		Account type	
Bank		Preferred method of payment	
Branch			
Confirmation of bank details submitted			

Section 3 - Next of Kin/Friend details

Name & surname		Relation	
Address line 1		Tel no (Home)	
Address line 2		Tel no (Cell)	
Province		Tel no (Work)	
Postal code			
Name & surname		Relation	
Address line 1		Tel no (Home)	
Address line 2		Tel no (Cell)	
Province		Tel no (Work)	
Postal code			

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Section 4 - Confirmation details

Please initial each item

I confirm that:

- I am not a minor
- I have never been declared mentally unfit by a court
- I am not subject to an administration order
- I do not have any current applications pending for debt restructuring or alleviation
- I do not have any current debt re-arrangement in existence
- I have not previously applied for a debt re-arrangement
- I am not under sequestration
- I do not have applications pending for credit, nor open quotations as envisaged in Section 92 of the National Credit Act

Confirm
Confirm
Confirm
Confirm
Confirm
Confirm
Confirm
Confirm

If any of the above is answered No, supply details

Section 5 - Client Declaration & Signature

Please initial each item

I, , hereby apply for facilities, and I declare and warrant as a condition of any contract to be signed that the information given on this application is true and correct in every detail.

In the event of any of my warranties, or representation being false, the lessor or credit grantor shall have the right to declare the transaction void and set it aside accordingly. I acknowledge that if the transaction is thus declared void, I shall be liable for any loss/damage which the lessor or credit grantor shall suffer as a result, and that any monies paid by me may be appropriated against such loss.

I authorise you to make any enquiries you deem necessary relating to this application, and the above-mentioned referees are authorised to disclose information in support of this application.

I consent to you checking my credit record with any credit reference agency, which information will be evaluated in conjunction with my other information in granting me credit. I also consent to you providing credit reference agencies with regular updates.

Confirm
Confirm

 Signature

 Date

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Section 6 - Business Assessment

Regional Taxi council	
Provincial taxi council	

Permit/Operating license no	
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	Route for new vehicle
Official route name	
Route start point	
Route end point	
Route description	
Expected deviations from route	
Conductor required?	

	Other route	Other route

Financial information - Route

Fare per passenger	
No of passengers per load	
No of loads per day	
KM per single trip	
Days worked per month	

Monthly expenses related to taxi business for the vehicle being financed

	Rand
Driver wage	
Conductor wages	
Taxi Association fees	
Taxi rank fees	
Vehicle insurance premium (if req)	
Credit Life premium (if required)	
Other fees	
Other operating expenses	
Other operating expenses	
Other operating expenses	
Other operating expenses	

Description

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<i>Personal income and expenditure</i>	Applicant	Spouse
Monthly income		
Salary		
Investment income		
Other (Specify)		
Other (Specify)		
Total monthly income (A)		
Monthly expenditure		
Tax - PAYE/SITE		
Pension & retirement spend		
Medical aid & medical expenses		
Other Loan repayments		
Living expenses		
Clothing expenses		
Transport expenses (petrol, bus fare etc)		
Education (fees, books etc)		
Insurance payments		
Other (Specify)		
Other (Specify)		
Other (Specify)		
Total monthly expenditure (B)		
Monthly surplus/(shortfall) (A minus B)		
Total monthly surplus/(shortfall) (Applicant plus spouse)		
	Client signature	Date