

PERSONAL DETAILS

Mr Ms Initials: ID number:

First Name: Surname:

Marital Status: Single Married Divorced Widowed Live Together Separated

Contract: ANC COP* Traditional N/A

No. of dependants:

* Note: If married in COP, this form needs to be signed by both spouses. Please note where a joint application is done, a separate application needs to be completed by your spouse in order to perform a credit check and affordability on your combined profiles.

CONTACT DETAILS

Physical Address:

Suburb: Town:

Province: Code: Time at address Y: M:

Postal Address:

Suburb: Town:

Province: Code:

Cellphone: Telephone:

E-mail:

Residence: Renting Living with parents Spouse Home Home Owner Bond Y N

WORK DETAILS

Employment: Full Time Part Time Temp Contract Unemployed Self-employed

Employer: Pty(Ltd) Ltd Gov Other

Branch: Employee no:

Telephone: Occupation:

Start Date: HR Contact:

Address:

Suburb: Town:

MEDIFIN EQUIPMENT INFORMATION

Equipment description:

Amount of Finance required: Term (months):

Supplier name:

Supplier email:

Supplier Telephone: Code: Number:

I can provide additional security: Y N

BANK DETAILS

Bank: Sort Code:

Branch name: Cheque Savings Transmission

Acc No:

SPOUSE DETAILS (if not married provide a second next of kin)

First Name: Surname:

Second Name: ID number:

Relationship: Cell number:

Tel number: Work number:

OTHER RELATION (not living with you)

First Name: Surname:

Second Name: ID number:

Relationship: Cell number:

Tel number: Work number:

PLEASE TICK ALL OF THE BELOW BOXES EITHER YES OR NO:

I agree to receive correspondence via e-mail and not by post Y N

I agree to a debit order payment instruction Y N

I agree to receive communication only via English or Afrikaans (Section 129 NCA 2005) Y N

I declare that I have not applied for and/or are not currently under Administration Y N

I declare that I have not applied for and/or are not currently under Debt Review Y N

I consent to MediFin making enquiries about my credit record with any third party Y N

I consent to identity & fraud prevention checks and sharing of information to SA Fraud Prevention Service Y N

I consent to being contacted for service feedback and/or information about other products and services Y N

I declare that the above information is both true and correct and that, together with other information, this will be used to determine whether I can afford the deduction of the loan applied for. This loan application is subject to final approval and may be accepted or rejected by MediFin Financial Services in its sole and absolute discretion.

Signed at: _____ Date: _____

Applicant's Full Name: _____ Applicant Signature: _____

Spouse Full Name: _____ * Spouse Signature: _____

* Where married in Community Of Property (COP), spousal signature authorises MediFin to perform a credit check on their profile.

