

**APPLICATION FOR FINANCE**

**PERSONAL DETAILS**

First names:..... Spouse's first names:.....  
 Surname:..... Spouse's maiden name:.....  
 ID number:..... Spouse's ID number:.....  
 Marital status: Single  Married  If married a) COP  b) ANC   
 Tel number (work):..... Spouse's tel number (work):.....  
 Cell number:..... Spouse's cell number:.....  
 Tel number (home):..... Email address:.....  
 Postal address:.....  
 Home address:.....  
 I am a home owner:  YES  NO I am renting:  YES  NO  
 I live with my parents:  YES  NO How long at this address:.....

**EMPLOYMENT DETAILS**

Current employer:..... Spouse's current employer:.....  
 Duration of employment:..... Duration of spouse's employment:.....  
 Occupation:..... Spouse's occupation:.....  
 Employers address:.....  
 Tel number of employer:..... Tel number of spouse's employer:.....  
**If employed for less than 3 years at current employer please complete:**  
 Previous employer:..... Spouse's previous employer:.....  
 Duration of previous employment:..... Duration of spouse's previous employment:.....

**NEXT OF KIN**

Full name:..... Relationship:.....  
 Tel number (home):..... Cell number:.....  
 Home address:.....

**ASSETS AND LIABILITIES**

Vehicle make:..... Model:.....  
 Year:..... Purchase price:.....  
 Market value:..... Amount outstanding on vehicle finance:.....  
**If home owner complete details below:**  
 Mortgage holder (name of bank / financial institution):..... Year of purchase:.....  
 Outstanding mortgage amount:..... Purchase price:.....

**OTHER ASSETS (VALUE IN RANDS)**

Shares:..... Fixed deposits:.....  
 Insurance / Endowment policies:..... Other (specify):.....

Applicant	Spouse (if applicable)

**DISCLOSURES**

Have you ever been insolvent?  YES  NO

Are you under debt review:  YES  NO

Are you under administration?  YES  NO

Any adverse listings on your credit profile?  YES  NO

**LOAN AND PROCEDURE DETAILS**

Estimated cost of procedure:.....

Type of procedure:.....

Estimated loan amount required:.....

Term of loan: 6 months  12 months  18 months  24 months  36 months

Have you been for a consultation?  YES  NO

If yes - Name of doctor / clinic:.....

Have you booked your procedure?  YES  NO

If yes - date of procedure:.....

**Only applicable if applying for GAP Finance**

Are you on medical aid?  YES  NO

Name of medical aid:.....

Medical aid membership number:.....

Principal member of medical aid:.....

**INCOME AND EXPENDITURE**

**Income:**

Gross income:..... Net income:.....

Gross income spouse:..... Net income spouse:.....

Joint gross income:..... Joint net income:.....

**Expenses - If you have provided a joint income then include all expenses paid by both you and your spouse:**

Bond/rent:..... Credit cards & store cards:.....

Motor vehicle payments:..... Insurances:.....

All other expenses:..... Total expenses:.....

Net monthly surplus:..... Date of salary payment:.....

**BANK DETAILS (ACCOUNT FROM WHICH LOAN INSTALMENTS WILL BE PAID)**

Name of bank:..... Branch:.....

Name of account holder:..... Branch code:.....

Account number:..... Type of account: Current/cheque:  Savings:  Transmission:

**HOW DID YOU HEAR ABOUT US?**

Google search  Word of mouth  Magazine  Doctors rooms  Other (specify):.....

**PATIENT INFORMED CONSENT**

**I acknowledge and agree that Incred Medical Finance may:** perform a credit search on me (or if I am self-employed, on my business entity) with one or more registered credit bureaux when assessing my application for the Medical Loan, monitor my payment behaviour by researching my records at one or more registered credit bureaux, use new information and data obtained from a credit bureaux in respect of any future Medical Loan applications with Incred Medical Finance, record the existence of my Medical Loan with any registered credit bureaux and record and transmit details of how I have performed or met my obligations under the Medical Loan, contact my doctor/clinic to obtain information about my procedure and to arrange payment for my procedure. **I hereby agree to the patient informed consent and certify that all the information provided is true and correct.**

Signature of applicant:..... date:.....

Signature of spouse (if applicable):..... date:.....

**DOCUMENTS ATTACHED**

**Please attach the following documents to this application form:**

- 1) Most recent utility/phone account showing residential address
- 2) Most recent 3 months bank statements showing salary received
- 3) Copy of identity document
- 4) Most recent salary slip

**Submit by**  
email: [info@incred.co.za](mailto:info@incred.co.za)  
fax: 086 520 1513