

3

BANKING DETAILS

NAME OF ACCOUNT HOLDER	<input type="text"/>																											
BANK NAME	<input type="text"/>																											
BRANCH NAME	<input type="text"/>														BRANCH CODE	<input type="text"/>												
ACCOUNT NUMBER	<input type="text"/>																											
ACCOUNT TYPE	CHEQUE	<input type="checkbox"/>	SAVINGS	<input type="checkbox"/>	OTHER (SPECIFY)	<input type="text"/>																						
PERIOD BANK ACCOUNT OPEN	<input type="text"/>	MONTHS	<input type="text"/>	YEARS	PERIOD BANK ACCOUNT ACTIVE	<input type="text"/>	MONTHS	<input type="text"/>	YEARS																			

4

SPOUSE/ PARTNER DETAILS

TITLE	<input type="text"/>	INITIALS	<input type="text"/>	SURNAME	<input type="text"/>																							
FIRST NAMES	<input type="text"/>																											
DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	HOME NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>													
WORK TELEPHONE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	CELL NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																			
EMAIL ADDRESS	<input type="text"/>																											

5

NEXT OF KIN / RELATIVE / FRIEND - NOT RESIDING WITH YOU

CONTACT DETAILS				PHYSICAL ADDRESS					
TITLE	<input type="text"/>	INITIALS	<input type="text"/>	ADDRESS	<input type="text"/>				
SURNAME	<input type="text"/>				<input type="text"/>				
FIRST NAMES	<input type="text"/>				SUBURB	<input type="text"/>			
	<input type="text"/>				CITY/TOWN	<input type="text"/>			
RELATIONSHIP	<input type="text"/>				PROVINCE	<input type="text"/>			
CELL NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	CODE	<input type="text"/>				
HOME TELEPHONE	<input type="text"/>	<input type="text"/>	<input type="text"/>	WORK TEL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
EMAIL ADDRESS	<input type="text"/>								

6

INCOME AND EXPENSES

NET MONTHLY SALARY (as shown on payslip)	→	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	A
TOTAL MONTHLY LIVING EXPENSES This will be the total of your monthly accommodation (rent/bond repayments), transport, food, education, medical, water and electricity expenses	→	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	B
TOTAL OF MONTHLY REPAYMENTS This will be the total of your other monthly debt commitments	→	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	C
MONTHLY MAINTENANCE PAYMENTS This will be the amount (if any) that you pay to your spouse and/or ex-spouse in respect of maintenance	→	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	D

I, the undersigned, declare that all income and expense information which has been completed here is true and correct and can be used in the determination of my affordability

X

SIGNATURE

X

NAME IN PRINT

PLEASE NOTE THAT:

- B Z S DIRECT requires you to provide the following authentic additional documents to us when you submit this application:
 - your latest payslips; and
 - your latest bank statements showing your latest 3 salary deposits;
- The affordability assessment regulations require B Z S DIRECT to use certain minimum amounts, based on your gross income, when conducting affordability assessments. Where the amount that you disclose in respect of your monthly living expenses is below the amount determined by the regulations, the amount determined by the regulations will be used; and
- B Z S DIRECT will use the information declared above to perform an affordability assessment based on its credit policy and scorecard rules to see if B Z S DIRECT can enter into an agreement with you for the chosen B Z S DIRECT product.

9

SIGNATURE

I, the undersigned, declare that all information which has been completed on this form is true and correct and that all information provided about my income and expenses is a true relection of my current financial position and if there are any other material facts that I believe could reasonably be relevant, I have made those material facts known.

X

APPLICANT SIGNATURE

NAME IN PRINT

TO BE SIGNED BY THE SPOUSE
IF THE APPLICANT IS MARRIED IN COP

DATE _____

PLACE _____

10

IF THIS FORM HAS BEEN COMPLETED BY AN AGENT:

X

AGENT SIGNATURE

NAME IN PRINT

ID NUMBER _____

11

IF THIS FORM HAS BEEN COMPLETED BY ANYONE OTHER THAN AGENT:

X

SIGNATURE

NAME IN PRINT

ID NUMBER _____

EMPLOYEE NUMBER _____

12

DEBT SETTLEMENT PLAN

PAYABLE IN 12 24 36 48 60 72 MONTHS

You Choose Which Is Suitable For You:

BANKING DETAILS:

B Z S DIRECT (PTY) LTD

Account Name: FNB

Account Number: 62 853998 030

Reference: Initials and Surname.

CONTACT DETAILS:

Telephone Number: 087 510 2044

Whatsapp: 073 480 6349

Fax: 086 537 7830

Email: info@bzsdirectsa.co.za

**THE CREDIT PROFILE CLEARANCE WILL TAKE APPROXIMATELY 21 WORKING DAYS
AFTER THE SETTLEMENT**

MAKE ONLY A BANK DEPOSIT, DO NOT PAY ANY MONEY TO THE AGENT