

INDIVIDUAL APPLICATION FOR VEHICLE/EQUIPMENT FINANCE

Applicant Type			
<input type="checkbox"/> Individual Applicant	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Surety	
Applicant Details			
Title:	Initials:	First Name:	Surname:
Middle Name:		Gender (Please tick): <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race (<i>For statistical purposes only</i>) (Please tick appropriate box) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Coloured			
Date of Birth:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Country of Birth:	Nationality:
SA Identity Number: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>			
Income Tax Number: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>			
Residential Address:			How Long at Current Address:
Nature of Residence (Owner, tenant, staying with spouse/parent):			
Unit/Flat Number:	Complex/Flat Name:	Street Number and Name:	
Suburb/Township:	Town/City:	Province:	Postal Code:
Postal Address (If different to residential address) PO Box Number:			Suburb/Township:
Town/City:	Province:	Postal Code:	
Contact Details: Telephone (Home): ()		Telephone (Work): ()	Cell Phone:
Facsimile: ()		Email Address:	How best can we contact you:
Please supply us with the latest financial statements of your business			
Trading Name of Business if Sole Proprietor:		Business Address:	
Vat Registration Number: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>			
Relative's Details (Closest relative in SA not living with you)			
Relationship:		Contact Number:	
First Name:		Surname:	
Profile Information			
Marital Status (Please tick appropriate box) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Marital Contract Type (Please tick appropriate box) <input type="checkbox"/> COP <input type="checkbox"/> ANC including accrual <input type="checkbox"/> ANC excluding accrual <input type="checkbox"/> Islamic/Other			
Date Married under South African Law:			
Number of Dependants:		Ages:	
Spouse's Details:			
First Name:		Surname:	Middle Name:
Date of Birth:		Country of Birth:	Nationality:
SA Passport Number (If ID not available) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>			
Employment Details			
Educational Qualifications:		Type of Industry:	
Occupation Type (Please tick appropriate box) <input type="checkbox"/> Full-time Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Housewife <input type="checkbox"/> Part-time Employee			
<input type="checkbox"/> Member of Parliament <input type="checkbox"/> Student <input type="checkbox"/> Self-employed <input type="checkbox"/> Owner/Proprietor <input type="checkbox"/> Unemployed <input type="checkbox"/> Pensioner			
Occupation:		Business Activity:	
Name of Employer:		Period of Employment:	
Address of Employer:		Telephone: ()	
Monthly Remuneration (<i>Please supply proof of current monthly remuneration and any additional income</i>):			
Previous Employer:		Telephone: ()	
Period of Employment with Previous Employer:			
Banking Details			
Name of Institution:		Branch Name:	Branch Code:
Type of Account: <input type="checkbox"/> Cheque <input type="checkbox"/> Transmission <input type="checkbox"/> Savings		Name of Account Holder:	
Account Number <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		Date Account Opened <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
Home Ownership Details			
Do you own Property (If Yes) In your Name? <input type="checkbox"/> Joint Name* <input type="checkbox"/> Other* <input type="checkbox"/>			
Yes <input type="checkbox"/> No <input type="checkbox"/> *Please Specify:			
If Rented Please Provide Landlord's Details: Contact Name: Landlord's Telephone Number ()			

Transaction Details - Motor Vehicle/Equipment

<input type="checkbox"/> Motor Vehicle Murabaha		<input type="checkbox"/> Equipment Murabaha		<input type="checkbox"/> Motor Vehicle Ijarah	
Dealer/Supplier Name:			Contact:		Telephone:
Motor Vehicle/Equipment: <input type="checkbox"/> New <input type="checkbox"/> Used		Cost of Motor Vehicle/Equipment: R			
Description of Motor Vehicle/Equipment:					
Cash Deposit/Trade-in Available:			Net Finance Required:		
Period of Finance:			Balloon Payment/Residual: %		
Valid Driver's Licence <input type="checkbox"/> Yes <input type="checkbox"/> No (Provide Copy of Licence)			Purpose of Acquisition: <input type="checkbox"/> Business <input type="checkbox"/> Private		

Insurance Details

Existing Insurance Company/Broker Name:		Contact Person:	Contact Number:
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Security

Please furnish details in respect of assets or guarantor which you can offer as additional security for the credit request.

Type	Value

Any further information relevant to your application should be attached.

An Overview of the Murabaha Transaction

To give effect to the Murabaha transaction, the following procedures will be implemented:

1. The consumer submits an application to the bank for the purchase of the vehicle/equipment on a Murabaha basis.
2. The consumer promises to purchase the vehicle/equipment.
3. The bank sends the consumer a reply, which may state, the following among other things:
 - 3.1 That it has approved or has not approved the consumer's application for the purchase of the vehicle/equipment on a Murabaha basis;
 - 3.2 That the bank appoints the consumer as its agent to conclude the first sale on its behalf;
 - 3.3 The price at which the bank is prepared to sell the vehicle/equipment to the consumer; and
 - 3.4 Any other fact or matter which the bank, in its sole discretion, considers relevant, including the request for the provision of additional security.
4. The bank appoints the consumer as its agent for the purpose of concluding the first sale and taking delivery of the vehicle/equipment under the first sale on the bank's behalf.
5. The consumer enters into the first sale with the supplier on behalf of the bank.
6. After conclusion of the first sale, the bank or its agent takes physical or constructive delivery of the vehicle/equipment from the supplier.
7. The consumer concludes the second sale with the bank confirming that it is purchasing the vehicle/equipment from the bank.

Marketing Options

A. I would like to be included in any Telemarketing Campaign.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. I would like to be included in any Marketing List that you may distribute.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. I would like to be included in any mass distribution of Emails or SMS messages.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. I would like to be informed about the services or products of any other company associated with Al Baraka Bank and such company may contact me directly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Declaration and Warranties

- I confirm that:-**
- A. I am not a minor.
 - B. I have never been declared mentally unfit by a court.
 - C. I am not subject to an Administration Order.
 - D. I do not have any current application pending for debt restructuring or alleviation.
 - E. I do not have any current debt re-arrangement.
 - F. I have not previously applied for a debt re-arrangement.
 - G. I am not under sequestration.
 - H. I do not have applications pending for credit, nor open quotations as envisaged in section 92 of the National Credit Act.

If any of the above is incorrect, state which and give details:

1. I warrant that all information given to Albaraka Bank Limited by me in terms of this application or otherwise is true, accurate and complete in every aspect and I agree that such information shall constitute prima facie proof of the facts contained therein. I undertake to notify Al Baraka Bank of any changes to information provided by me to Al Baraka Bank whether in terms of this application or otherwise.
2. I acknowledge that Al Baraka Bank will rely on the information provided by me in order to perform a credit assessment as required in terms of the National Credit Act 2005.
3. I consent to Al Baraka Bank verifying the information contained in this application and/or any other information furnished by me to Al Baraka Bank and generally making whatever enquiries it deems necessary from any source whatsoever.
4. Al Baraka Bank shall be entitled to furnish any information and/or documentation in relation to any accounts, including my compliance with the conditions thereof, to any entity within the Al Baraka Banking Group, any bank, surety and any credit bureau and the National Credit Regulator as required by law.
5. I hereby declare and warrant that I have complied with all applicable legislations and regulations governing all my activities and I shall continue to ensure compliance with all such legislations and regulations.
6. I recognise and understand that Al Baraka Bank is an accountable institution for the purpose of the Financial Intelligence Centre Act 38 of 2001 (FICA) and the regulations issued in terms thereof and, accordingly, I agree to provide such information or documentation as Al Baraka Bank may require.
7. If my application is successful, I agree that the facility granted to me by Al Baraka Bank will only be available to me once I have signed the relevant agreement and once all conditions of the agreement have been fulfilled.
8. I promise, if my application is successful, to purchase the goods described in the invoice from Albaraka Bank Limited on a Murabaha basis after the first sale is concluded.

Signature of Applicant:	Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Signature of Spouse (If Married in COP):	Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

SCHEDULE OF INCOME AND EXPENDITURE AND CREDIT AGREEMENTS

APPLICANT: _____ DATE: DD / MM / YYYY

SECTION A

MONTHLY INCOME	SELF	SPOUSE	NOTES
NET SALARY (net of tax, pension, deductions)			
ALLOWANCES (specify)			
COMMISSIONS			
INCOME FROM INVESTMENTS			
RENTAL INCOME			
OTHER			
TOTAL INCOME A	R	R	

MONTHLY EXPENDITURE

MONTHLY EXPENDITURE	SELF	SPOUSE	NOTES
RENT/LEVY			
ELECTRICITY & WATER			
RATES & TAXES			
MAID/GARDENER			
SECURITY SYSTEM			
TELEPHONE			
CELLPHONE ACCOUNT			
GROCERIES/BUTCHER/FRUIT & VEGETABLES			
DOCTOR/CHEMIST			
MEDICAL AID SUBSCRIPTIONS			
SCHOOL/UNIVERSITY FEES			
ENTERTAINMENT/DINING, ETC			
TV RENTAL/M-NET, ETC			
CREDIT AGREEMENT REPAYMENTS*			
TRANSPORT/PETROL/OTHER			
MEMBERSHIP FEES			
DONATIONS			
LIFE ASSURANCE PREMIUM			
INSURANCE PREMIUMS - SHORT-TERM			
MAINTENANCE/ALIMONY			
BUDGETED SAVINGS			
OTHER			
OTHER			
OTHER			
TOTAL EXPENDITURE B	R	R	
Deficit or Surplus			

* DETAILS OF CREDIT AGREEMENT REPAYMENTS TO BE FURNISHED IN SECTION B - INCLUDES REPAYMENTS ON MORTGAGE BONDS, INSTALMENT SALE AGREEMENTS, LEASES, CREDIT CARDS AND OTHER CHARGE CARDS FROM RETAILERS.

SECTION B

DETAILS OF CREDIT AGREEMENTS ENTERED INTO BY MYSELF:-
(INCLUDE INFORMATION ON MORTGAGE BONDS, INSTALMENT SALE AGREEMENTS, LEASES, CREDIT CARDS, CHARGE CARDS FROM RETAILERS, EG. CLOTHING AND FURNITURE ACCOUNT)

CREDIT PROVIDER	TYPE OF FINANCE eg. BOND	ORIGINAL AMOUNT	PRESENT BALANCE OUTSTANDING	MONTHLY REPAYMENT
TOTAL		R	R	*R

* TOTAL MONTHLY REPAYMENT ABOVE MUST AGREE TO CREDIT AGREEMENT REPAYMENTS IN SECTION A.

DETAILS OF GUARANTEES/SURETYSHIPS SIGNED BY MYSELF:-

BENEFICIARY	DATE OF SURETYSHIP	INSTITUTION	DATE OF EXPIRY	PRESENT BALANCE OUTSTANDING
TOTAL				R

I hereby certify that all the information provided herein is true and correct and any material omission or misstatement will give the bank the right to withdraw from any credit agreement.

DATED AT _____ THIS _____ DAY OF _____ 20_____

SIGNATURE

NOTE: SALARY ADVICE AND ALL OTHER SUPPORTING DOCUMENTS TO BE ATTACHED TO THIS SCHEDULE.

STATEMENT OF ASSETS AND LIABILITIES (LOCAL/FOREIGN)

APPLICANT: _____				DATE: DD / MM / YYYY _____	
Marital: <input type="checkbox"/> COP		<input type="checkbox"/> ANC		<input type="checkbox"/> ISLAMIC	
Status: <input type="checkbox"/> SINGLE		<input type="checkbox"/> DIVORCED		<input type="checkbox"/> OTHER	
ASSETS					
FIXED PROPERTY				LOCAL	FOREIGN
Suburb	Stand Number	Type of Dwelling	Date Purchased		
OTHER MOVEABLE ASSETS (Eg.Vehicles, Furniture)					
INVESTMENTS/LISTED SHARES/SHARES IN LISTED COMPANIES/LOAN ACCOUNTS IN PRIVATE COMPANIES/ MEMBERS INTEREST IN CLOSE CORPORATIONS/LOAN ACCOUNTS IN CLOSE CORPORATIONS/UNIT TRUSTS					
Type of Investment/Share		Where Held			
BANK BALANCES					
Type (Eg. Savings, Fixed Deposit, Current Account, Etc)		Financial Institution			
LIFE/RETIREMENT POLICIES				SURRENDERVALUE	
Name of Company	Cover (RA, Life, Etc)	Amount	Maturity Date		
		R			
		R			
		R			
TOTAL ASSETS					
LIABILITIES					
FIXED PROPERTY				LOCAL	FOREIGN
Suburb	Stand Number	Bond Holder/Seller	Monthly Repayments	OUTSTANDING BALANCE	
INSTALMENT SALES (HP's)/LEASES					
Finance Co	Type of Assets	Monthly Repayments	Final Repayment Date		
BANK OVERDRAFTS/LOANS/ACCOUNTS/CREDIT CARD ACCOUNTS					
Type of Facility	Institution	Monthly Instalments	Credit Facility		
CONTINGENT LIABILITIES (Eg. Guarantees, Suretyships, Notarial Bonds) State Beneficiary and Institution					
TOTAL LIABILITIES					
SURPLUS					
If insufficient space provided, kindly submit additional information as attachments. I hereby declare that this is a full, true and correct statement of my position and my assets are not encumbered other than as stated above.					
DATED AT _____ THIS _____ DAY OF _____, 20____ SIGNATURE: _____					