

Smart Spend Loan Enquiry Sheet

5103014307

Version 1.05

1. Personal Details of Applicant

Surname											Maiden Name																												
Full Names																																							
Initials												Marital Status	<input type="checkbox"/> M	<input type="checkbox"/> U	<input type="checkbox"/> D	<input type="checkbox"/> W	Marital contract	<input type="checkbox"/> COP	<input type="checkbox"/> ANC																				
ID Number																																							
Date of Birth (ddmmyyyy)												No. Of Dependants							Gender	<input type="checkbox"/> M	<input type="checkbox"/> F																		
Residential Address	Street Name & No.																																						
	Suburb										City					Code																							
Home no.and Code																				Residential Status	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="checkbox"/> Lodger																
Work no and Code																					Cell																		

2. Employment Details

Employer Name											Occupation / Job Description												
Employee Number											Department / Section												
Permanently Employed	<input type="checkbox"/> YES <input type="checkbox"/> NO										Employment Date(ddmmyyyy)												
Employer no and Code																							
Supervisor Name																							

3. Spouse's or Family Members Details Friend's Details (not living at the same address)

Surname											Surname												
First Name											First Name												
Contact phone no												Contact phone no											

4. Salary Details, Banking Details

If you are paid weekly or fortnightly, on which day?										If you are paid monthly, select which day you are paid on									
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday										Last Friday each month <input type="checkbox"/>									
If fortnightly, when is your next pay date?										4th Friday each month <input type="checkbox"/>									
Day	Month	Year								Two days before end of month <input type="checkbox"/>									
<input type="text"/>	<input type="text"/>	<input type="text"/>								Specific monthly pay day <input type="checkbox"/>									
										Other <input type="checkbox"/>									
Bank Name										Bank Account Number									
<input type="text"/>										<input type="text"/>									
Account Type <input type="checkbox"/> Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission										Branch Code									
Branch name										<input type="text"/>									
<input type="text"/>										<input type="text"/>									

5. Loan Options

Loan Options										Terms									
<input type="checkbox"/> 15000 <input type="checkbox"/> 10000 <input type="checkbox"/> 5000										<input type="checkbox"/> 48 <input type="checkbox"/> 30 <input type="checkbox"/> 12									
<input type="checkbox"/> 14000 <input type="checkbox"/> 9000 <input type="checkbox"/> 4000										<input type="checkbox"/> 42 <input type="checkbox"/> 24 <input type="checkbox"/> 9									
<input type="checkbox"/> 13000 <input type="checkbox"/> 8000 <input type="checkbox"/> 3000										<input type="checkbox"/> 36 <input type="checkbox"/> 18 <input type="checkbox"/> 6									
<input type="checkbox"/> 12000 <input type="checkbox"/> 7000 <input type="checkbox"/> 2000																			
<input type="checkbox"/> 11000 <input type="checkbox"/> 6000 <input type="checkbox"/> 1000																			

6. Marketing consent

FirstRand Bank	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Post	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Credit Related	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SMS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> 24 Hours	or <input type="checkbox"/> 07H00-20H00
Non Credit Related	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Email	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Other Marketing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Telephone	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> 24 Hours	or <input type="checkbox"/> 07H00-20H00
			Cellphone	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> 24 Hours	or <input type="checkbox"/> 07H00-20H00