



# I-ME Gear BICYCLE FINANCE APPLICATION FORM

Applicant: \_\_\_\_\_ Reg. / ID No. \_\_\_\_\_

LTD	(PTY) LTD	CC	SOLE PROPRIETOR	PARTNERSHIP	INDIVIDUAL
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**FOR INDIVIDUAL APPLICANTS:**  
DOCUMENTS NEEDED: 3 MONTHS BANK STATEMENTS, 3 MONTHS SALARY ADVISES, COPY OF ID

Street Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Code:

Code:

Cel No: \_\_\_\_\_ Email: \_\_\_\_\_

Banker: \_\_\_\_\_ Branch: \_\_\_\_\_ Account Nr: \_\_\_\_\_

**FOR BUSINESS APPLICANTS:**  
DOCUMENTS NEEDED: 3 MONTHS BANK STATEMENTS, COMPANY REGISTRATION DOCUMENTS, COPY OF ID (DIRECTOR/SHAREHOLDERS)

Street Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Code:

Code:

Date Established: \_\_\_\_\_ Nature Of Business: \_\_\_\_\_

How long under existing management? \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

Banker: \_\_\_\_\_ Branch: \_\_\_\_\_ Account Nr: \_\_\_\_\_

Period with Bankers:  Years  Months VAT Reg. Nr.: \_\_\_\_\_

Shareholding:

Holding Company / Directors / Members	ID Nr / Reg. Nr	Share %	Residential Address
1			
2			
3			

Supplier: \_\_\_\_\_ Tel: \_\_\_\_\_ Address: \_\_\_\_\_ Contact: \_\_\_\_\_

**BICYCLE:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Accessories: \_\_\_\_\_

Price: R \_\_\_\_\_ Incl. VAT Term: 12 Months  Term: 24 Months  Deposit: 0% Escalation: 0%

I/we consent to I-ME Solutions (Pty) Ltd ("I-ME Solutions") or its cessionary making enquiries about my/our credit record with any credit reference agency and any other party to confirm the details on this application. I-ME Solutions or its cessionary may also provide credit reference agencies with regular updates regarding how I/we manage my/our account, including my/our failure to meet agreed terms and conditions. I/we content that credit reference agencies may, in turn, make the records and details available to other credit grantors. I-ME Solutions or its cessionary may also give this information to any person who in its opinion, needs it to carry out any of I-ME Solutions or its cessionary's rights or duties in terms of the contract or any law pertaining to the products I/we have requested. I/we hereby give I-ME Solutions (Pty) Ltd or its cessionary permission to carry out our identity and fraud prevention checks on me/us and to share the information provided in this application with the South African Fraud Prevention Service.

**I certify that the above details are true and correct**

Please tick here if you would NOT like to be contacted regarding insurance.

Signature: \_\_\_\_\_ Full Name: \_\_\_\_\_ Capacity: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE CONTACT ONE OF OUR CONSULTANTS SHOULD YOU HAVE ANY QUESTIONS OR QUERIES:**

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