



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 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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