DirectAxis
PHYSICAL ADDRESS: 108 De Waal Rd, Southfield, 7800, Cape town•
Customer Service Lines:+27 (0) 63 014 6655 fax+27(0) 86 474 0514

NB. Please send a copy of this form to: Inquiry@directaxisloansa.co.za or fax 086 474 0514

PERSONAL INFORMTION

COMPULSORY FILLED*

Title Mr Mrs Others (Specify)

Name of Applicant

*(Surname) *(Last Name)

(Other Names)

***Residential Address**

Marital Status Single Married Others (Specify)

***Nationality** ***ID No**

***Mobile Phone** ***Office Phone**

*Email Address: Date of Birth:

Residence is Owner Rented Living with Parents

Length of time of current address

EMPLOYMENT/BUSINESS DETAILS

***Employment Status** Employed Self Employed Retired Other

Occupation

***Employer/Business Name**

Type of Business: ***CKN Number**

***Office Address**

LOAN REQUESTED INFORMTION

***Type of Loan** *Loan Amount Requested

***Duration**

Are you in Financial Debt? **Blacklisted?**

GROSS MONTHLY INCOME	TICK
R1,000 – R5,000	
R5,000 -- R10,000	
R10,000 -- R15,000	
R15,000 -- R20,000	
R20,000 – R25,000	
R,25,000 – R30,000	
R30,000 -- R100,000	
R100,000 -- To more	

*MEANS OF REPAYMENT

Direct Debit ☐ Salary Payment ☐ Bank Standing Order ☐ Post Dated Cheque ☐

Other Means of Payment (Please specify) _____

***Declaration**

I/We…….. Hereby declare that all information is to the best of my/our knowledge true, Complete and correct. I/We understand that any information supplied, which proves to be false or misleading could lead to the disqualification of my/our application, of any further assistance from DIRECTAXIS. Information found to be false/misleading after disbursement, may result in the termination of the loan facility with the requirement of full and final settlement of the amount outstanding immediately.

I hereby give permission to _____(DIRECTAXIS) to perform a credit enquiry on my personal and business details and share any information on the performance of this loan, with other credit providers and credit bureau.

***Applicants**

Full Name in Block Letters:		
Signature	**Date**	**Time**

FOR OFFICE USE

I, ……

Certify that this application is properly completed and has been checked by me.

Signature (DIRECTAXIS representative)	**Date**	**Time**