



Customer Service Line: +27 (0) 63 985 6805 Fax: +27(0)86 556 0316  
Email Address: [contact@directaxisfinance.com](mailto:contact@directaxisfinance.com)  
PHYSICAL ADDRESS: 108 De Waal Rd, Southfield, Cape Town 7800.

## PERSONAL INFORMATION

ALL FIELDS MARKED \* ARE COMPULSORY

Title Mr ☐ Mrs ☐ Others (Specify)

Name of Applicant   
\*(Surname)  \*(Last Name)

(Other Names)    
\*(Mother's Maiden Name)

\*Are you Married ☐ yes / no    
\*( Full Names)  \*( Mother's Maiden Name)

\* Residential Address

\*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

## BUSINESS DETAILS

\*Employment Status Employed ☐ Self Employed ☐ Retired ☐ Other ☐

Occupation

\*Employer/Business Name

Type of Business:  \*CKN Number

\*Office Address

## LOAN REQUESTED INFORMATION

\*Type  \* 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