

PERSONAL INFORMATION

Member number:	ID number:
Initials:	Surname:
First names:	
Title:	Date of birth:
Race:	African: <input type="checkbox"/>
	Indian: <input type="checkbox"/>
	Coloured: <input type="checkbox"/>
	White: <input type="checkbox"/>
	Other: <input type="checkbox"/>

CONTACT DETAIL

Residential address:	Postal address:
Work number:	Cell number:
E-mail address:	
Preferred delivery method of account statement:	E-mail: <input type="checkbox"/>
	Post: <input type="checkbox"/>
	Other: <input type="checkbox"/>
Home owner:	Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYMENT PARTICULARS

Date of employment:	Employer:
Occupation:	Department:
Payroll:	Monthly: <input type="checkbox"/>
	Weekly: <input type="checkbox"/>
Employee number:	Name of supervisor:

Application for lemas purchase card

MARITAL STATUS

Marital status:	Single: <input type="checkbox"/>
	Divorced: <input type="checkbox"/>
	Widow/er: <input type="checkbox"/>
	Married: <input type="checkbox"/>
Date of marriage:	Dependants:
Full name of spouse:	ID number of spouse:
Employer of spouse:	Employment date of spouse:
Occupation of spouse:	Work tel number of spouse:
Cell number of spouse:	Monthly income of spouse:

PARTICULARS OF NEXT OF KIN (not living with you)

Name:	Relationship:
Residential address:	Work number:
	Cell number:

PARTICULARS OF NEXT OF KIN (not living with you)

Name:	Relationship:
Residential address:	Work number:
	Cell number:

Application for lemas purchase card

IEMAS CARD DETAILS

	Title	Initials and surname	Relationship	Card limit	Budget limit
Member				R	R
Spouse				R	R
Add card holder 1				R	R
Add card holder 2				R	R
Add card holder 3				R	R
Add card holder 4				R	R

BANKING DETAIL

Bank name:	Account number:
Branch code:	Type of account:
Branch name:	Account holder:

PAYMENT METHOD:

Debit order: <input type="checkbox"/>	Salary deduction: <input type="checkbox"/>
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LEGAL QUESTIONS

Are you under or have you applied for one of the following:	Administration: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Sequestration: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Debt review: Yes <input type="checkbox"/> No <input type="checkbox"/>

LANGUAGE PREFERENCE

Preferred language:	Afrikaans <input type="checkbox"/>
	English <input type="checkbox"/>
	Zulu <input type="checkbox"/>
	Sotho <input type="checkbox"/>

Application for Iemas purchase card

AFFORDABILITY SCHEDULE AS REQUIRED BY THE NATIONAL CREDIT ACT

Member number:

INCOME:	
Nett basic salary excl. once off earnings:	R
Spouse Nett basic salary excl. once off earnings:	R
Other Income – Please specify	R
Total Income (A)	R

MONTHLY EXPENSES		COMMENTS
Mortgage bond/rent:	R	
Water and lights:	R	
Loan repayments:	R	
Vehicle repayment:	R	
Credit card payment:	R	
Furniture accounts:	R	
Clothing accounts:	R	
Overdraft payment:	R	
Insurance premiums:	R	
Telephone expenses:	R	
Transport costs:	R	
Groceries:	R	
Entertainment costs:	R	
Educational fees:	R	
Maintenance:	R	
Household expenses:	R	
Other payments:	R	
Total Expenses (B)	R	
Disposable Income (A-B)	R	

CONSENT TO PERFORM ITC

I hereby authorise Iemas to obtain personal information concerning myself from any credit bureau at any time in order to assess my application for credit, my level of indebtedness and my debt repayment history and to inform a credit bureau in the event where you are in breach of this agreement.

Signature of member _____ Place _____

Date _____