



APPLICATION FOR DEALER APPROVAL

For Office Use Only:

DEALER GROUP:

IMPERIAL GROUP HOLDINGS: Cargo: ___ Honda: ___ BMW: ___ Toyota: ___ Nissan: ___

Auto Supreme: ___ LSM Audi: ___ LSM East: ___ LSM North: ___ LSM South: ___

Porters: ___ Premier: ___

AUTO PEDIGREE: ___ HYPER CAR: ___ AMH GROUP: ___ AMH INDEPENDENT: ___

INDEPENDENT GROUPS (Name: _____): _____

INDEPENDENT FRANCHISE DEALER: _____ IDA INDEPENDENT USED: _____ INDEPENDENT USED Dealer (Not IDA): _____

DEALER DETAILS

TRADING NAME: _____

REGISTERED COMPANY NAME: _____

CO. REGISTRATION NUMBER: _____

TEL NUMBER: _____

FAX NUMBER: _____ E-MAIL: _____

PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____

VAT REGISTRATION NUMBER: _____

TIME IN BUSINESS: _____

DEALER PRINCIPAL / CONTACT: _____

BANKING DETAILS

BANK: _____

BRANCH: _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: _____

OVERDRAFT: YES _____ NO _____ RAND VALUE _____



FULL NAMES OF DIRECTOR/S. MEMBER/S. OWNERS:

1. NAME _____
ID NO _____ SHAREHOLDING % _____
ADDRESS _____

2. NAME _____
ID NO _____ SHAREHOLDING % _____
ADDRESS _____

3. NAME _____
ID NO _____ SHAREHOLDING % _____
ADDRESS _____

4. NAME _____
ID NO _____ SHAREHOLDING % _____
ADDRESS _____

5. NAME _____
ID NO _____ SHAREHOLDING % _____
ADDRESS _____

6. NAME _____
ID NO _____ SHAREHOLDING % _____
ADDRESS _____

ADDITIONAL INFORMATION:

FRANCHISE/S: Yes ___ No ___ TYPE: _____

LATEST FINANCIAL STATEMENTS AVAILABLE: YES ___ NO ___ ATTACHED: YES ___ NO ___

STATEMENTS ASSETS / LIABILITIES: YES ___ NO ___ ATTACHED: YES ___ NO ___

AVERAGE MONTHLY SALES LAST 6 MONTHS: R _____ UNITS _____

PROJECTED SALES PER MONTH: R _____ UNITS _____

PROFILE OF STOCK

- 1-2YEARS: _____ %

- 2-3YEARS: _____ %

- 3-4YEARS: _____ %

- 4-5YEARS: _____ %

CONSIGNMENT STOCK: YES _____ NO _____ If Yes % _____

INSURANCE PARTNERS: _____
(VALUE ADDED PRODUCTS)
eg. REGENT HOLLARD ETC.): _____

MDA OTHER BANKS: YES _____ NO _____

WHICH BANKS: _____

FLOORPLAN FACILITY: YES _____ NO _____

WHICH BANKS: _____

SERVICE CENTRE (WORKSHOP): YES _____ NO _____

NUMBER OF SALES EXECUTIVES: _____

NEGOTIATED PRODUCTION: _____

NEGOTIATED MARKET SHARE: _____

F&I: BANK _____ INDPT _____

F&I NAME: _____

TEL NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____



BACKGROUND INFORMATION AND RECOMMENDATION:

DEALER INFORMATION: (Short history of Dealership and Staffing; If new Dealership or only a short time in business – motivate Feasibility; Motivate if Negotiated Production/Market Share is outside norm; Comment where required: Stock List; Banking facilities/ OD/ MDA's/ Floorplans):

The approach to become an Approved Dealer came from:
THE CLIENT: _____ MFC: _____ REFERRED BY: _____

SHAREHOLDER INFORMATION: (Management and Dealer Principal's Experience in Motor Trade; Short CV: Is Management actively involved; Sureties Financial standing):

PREMISES (IF OWNED)
VALUE: R _____ BONDED: YES ___ NO ___ BOND AMOUNT: R _____

NAME REGISTERED IN: _____

Number of outlets: _____; Showroom: ___ Stand: ___; Enclose: ___ Open: ___ Indicate with √
(Comment re: LOCATION: (Where located; Accessibility; Condition of premises; On Route to existing dealers; etc.)

CREDIT EXPERIENCE: (Comment Re: ITC – Where an explanation is required on adverse info; KI; Past Experience with other Financial Institutions)

FINANCIAL: (Comment – where required Re: Financial Information; Average Monthly Sales 'Rand' and 'Units'; Projected Monthly Sales; If new Dealership or only a short time in business – motivate: Own Contribution; Cashflow; Cost verse Production ;)