

ALL FIELDS ARE MANDATORY AND MUST BE COMPLETED. NOT TO BE COMPLETED BY EXISTING GALAXY & CO. CARDHOLDERS.

PERSONAL DETAILS

Mrs / Ms / Mr: Initials: Surname:

First name: Name by which you are known:

Marital status: Married Single Divorced Widowed

South African Identity number: Birthdate: (DDMMYY)

Highest level of education:
 Matric or below Certificate Diploma Degree or higher other

Home No.: (if no home telephone number, provide alternative contact number):
 Dialling code: No.: Home: Alt.:

Cell No.: Language preferred when we write to you: Eng. Afr.

E-mail:

Postal address:

 Code:

Home address: (not a box number)

 Code:

Home Language:
 English Sesotho isiXhosa Tshivenda
 Afrikaans Setswana isiZulu Xitsonga
 isiNdebele siSwati Sepedi Other

Ethnic group: (Required information for the National Credit Act statistical reporting only)
 White Black Coloured Asian I do not wish to answer

Do you live: In own home In rented home In hostel With parents With employer Other

No. of years at present address: At previous address: No. of children you support:

Motor Vehicle registration number:

BANK DETAILS

Bank account no.: Years held:

Credit card no.:

Expiry date:

DEBIT ORDER

Name of account holder:

Monthly payment date: Bank name:
not allowed 11th, 12th, 13th, 14th, 15th

Account type: Account number:

Branch name: Branch no.:

Signature:

FOR DEBIT ORDER PAYMENT OPTION, ALL FIELDS ARE MANDATORY AND MUST BE COMPLETED.

MONTHLY INCOME

Monthly salary before deductions: R

Other Monthly Income: R
 (e.g. Secondary jobs, allowances, rental income or any other income)

MONTHLY EXPENSES

Rent/Bond: Rent: Bond:

Levy: Rates / Electricity / Water:

Maintenance: Funeral / Retrenchment Policy:

Insurance: Prepaid cellular:

Investment Policies: (including stokvels, savings plan and other policies)

Transport expenses: (petrol, diesel, taxi, bus, train)

WORK DETAILS

Occupation / Job:

Company or employer's name:

Work tel. no.: No.: Extension:

Employee / clock no.:

Are you a contract worker? Yes No Contract expiry date: (DDMMYY)

Number of years at present company: At previous company:

Manager / Supervisor's name:

FAMILY DETAILS

Please supply details of a family member:
 Husband Wife Father Mother Guardian

Mrs / Ms / Mr First name: Surname:

Dialling code: No.: Work Home Cell

Gross monthly income / allowance of husband or wife: R

PERSONAL REFERENCE

Friend / relative (not living with you):
 Mrs / Ms / Mr First name: Surname:

Dialling code: No.: Work Home Cell

EXTRAS AND ACKNOWLEDGEMENTS

Legal Requirement: If you are married:
 In community of property OR
 by customary law (prior to 15/11/2000)

then you are required to obtain consent from your spouse to enter into any credit agreement. If so, please confirm that you **have** received your spouse's consent to enter into this agreement. Y N

Would you like to receive marketing messages via E-mail Y N sms Y N Telemarketing Y N

May we disclose your details to other parties to correspond with you regarding other products that may be of interest to you? Y N

For your protection, your Galaxy & Co. Card must include Customer Protection Insurance. RCS Customer Protection Insurance covers the following:
 • Death Cover (which covers your outstanding balance up to an amount of R7 500);
 • Permanent Disability (which covers your outstanding balance up to an amount of R7 500);
 • Temporary Disability (which covers your outstanding balance up to an amount equal to 6 months of your instalments);
 • Retrenchment (which covers your outstanding balance up to an amount equal to 6 months of your instalments).

I have been informed that I have the right to waive the proposed Customer Protection Insurance policy with Guardrisk and substitute it with a policy of my own choice which covers the same benefits, which must be ceded to RCS with certain written documentation as contemplated in the National Credit Act, No. 34 of 2005.

Would you like automatic annual credit limit increases? Y N Signature:

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND ACCEPTED THE RCS TERMS AND CONDITIONS AND WHERE APPLICABLE THE INSURANCE DISCLOSURE NOTICE AND CONFIRM THAT THE INFORMATION PROVIDED HEREIN IS TRUE, COMPLETE AND CORRECT.

Signature: Date:

FOR BRANCH USE ONLY

Card No. GALAXY 001

Sales Consultant's ID no.:

Branch Number Value of first purchase Checked by (Name)

CARD ISSUING (after approvals only)

BY SIGNING HERE I ACKNOWLEDGE HAVING RECEIVED MY GALAXY & CO. CARD.

Applicant's signature: Date:

BY SIGNING HERE I ACKNOWLEDGE THAT THE CARDHOLDER HAS SIGNED THE BACK OF THE GALAXY & CO. CARD IN MY PRESENCE.

Merchant's signature: Date: