

Centurion Clinic for Cosmetic Surgery Pty Ltd

P.O. BOX 8705, CENTURION 0046

Payment Arrangement Option

APPLICATIONS MUST BE FAXED TO 086 688 9417 OR 012-663-1006
AT LEAST 7 DAYS PRIOR TO YOUR OPERATION TO BE PROCESSED
NO LATE APPLICATIONS CAN BE ACCEPTED.

A payment agreement option of 3-6 months is offered to patients seeking cosmetic or dental surgery. Please read carefully through this pamphlet and take note of the given instructions to ensure that your loan application can be timely assessed and approved.

PAYMENT AGREEMENTS ARE ONLY GRANTED TO SA RESIDENTS.

UNFORTUNATELY, payment agreements CAN NOT be granted to:

- 1) Individuals who earn commission.**
(You must be a permanent employee for ±one (1) year at the present company, earning a basic salary of R6000+);
- 5) An estate agent;**
- 6) A person under 21 years. (Parents must sign surety and contract) and**
- 7) A pensioner.**

The following documents must be submitted with your application form:

- 1) A copy of your identity document / driver's license;
 - 2) Original salary slips for three (3) consecutive months;
 - 3) Original bank statements for three (3) consecutive months;
 - 4) Proof of residence: i.e. a copy of your property's electricity bill or a copy of the levy statement (flat/townhouse).
 - 5) If married ANC or ICOP (after 4/1984) – a copy of your contract;
 - 6) If divorced; copy of your Bill of Divorce;
- (The above forms can either be handed in personally or faxed to 086 688 9417/ 012-663-1006).

Please **provide full personal details** when completing the application form and mention the period of working and staying at present and previous employers and residences.

On **approval** of the payment agreement you will be notified regarding the monthly instalment.

- Please note that normal contractual fees i.e an admin fee will be included in the final loan amount.
- Interest of 7.5% has also been worked into the monthly instalment.
- You will also be required to sign an Acknowledgement of Debt Contract and the debit order form.

30% of the quoted price must be paid 7 days before the operation date into the following account to book the theatre for your surgery:

Name of Account: Centurion Clinic for Cosmetic Surgery Pty Ltd

Bank: Standard Bank

Branch: Centurion

Branch code: 012-645

Account Number: 271558474

This can be done with a bank deposit or an electronic transfer, cash or credit card.

INSTALLMENTS ARE REPAYABLE OVER 3-6 MONTHS WITH A DEBIT ORDER:

You will be required to sign a debit order on the day of your procedure at the Clinic. The debit order will be done through Stratcol (Strategic Collections) and payment will be made to Lipoplasty (Pty) Ltd.

PLEASE FAX YOUR APPLICATION TO 086 688 9417 (for attention: HERMIEN)

FOR ENQUIRIES REGARDING YOUR APPLICATION, PLEASE CONTACT HERMIEN AT (012) 663-2010.

FOR ENQUIRIES REGARDING YOUR ACCOUNT and/or REPAYMENTS / SETTLEMENT AMOUNTS, PLEASE CONTACT HERMIEN HUGHES AT 012-663-2010.

Centurion Clinic for Cosmetic Surgery (PTY) LTD

PAYMENT ARRANGEMENT

PROCEDURE:		TOTAL AMOUNT:	
30% DEPOSIT:		MONTHLY INSTALMENTS:	

PERSONAL PARTICULARS – please complete all sections!

SURNAME		FULL NAMES	
ID NUMBER		SINGLE	DIVORCED
		MARRIED IN COP	MARRIED ANTI NUPTUAL C
CELL NO:		TEL:(WORK)	TEL:(HOME)

E-mail Address:

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SPOUSE	SURNAME		NAME	ID NR.	
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PHYSICAL ADDRESS	PREVIOUS ADDRESS	RESIDENTIAL	POSTAL ADDRESS
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POSTAL CODE		POSTAL CODE	
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PERIOD AT THIS ADDRESS		PERIOD AT THIS ADDRESS	
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NAME & ADDRESS OF EMPLOYER	PREVIOUS EMPLOYER	SPOUSE'S EMPLOYER
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OCCUPATION	OCCUPATION	OCCUPATION
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TEL:	TEL:	TEL:
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PERIOD EMPLOYED Mention total years:	PERIOD EMPLOYED Mention total years:	PERIOD EMPLOYED Mention total years:
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FINANCIAL INFORMATION (PLEASE SUPPLY PROOF OF INCOME)

GROSS SALARY: SELF	SPOUSE	OTHER	TOTAL
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DO YOU OWN FIXED PROPERTY	YES	NO	BOND HOLDER
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IF YES, ADDRESS OF PROPERTY	VALUED AMOUNT of property
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TYPE OF ACCOUNT	BANK	BRANCH	BRANCH CODE	ACCOUNT NR
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CHEQUE				
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SAVINGS/TRANSMISSION				
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CREDIT CARD				
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NAME AND ADDRESS OF THREE CLOSE RELATIVES			
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1)	TEL NR:
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2)	TEL NR:
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3)	TEL NR:
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TRADE REFERENCES: NAME	ACCOUNT NO	CURRENT	PAID UP
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I certify that the above information is correct in all respects and acknowledge that any incorrect information supplied by me could lead to criminal charges laid against me. I further irrevocably authorize Lipoplasty (Pty) Ltd, its agents and/or its employees to verify the above information and to make such inquiries it may deem necessary to do so.

SIGNED AT: ON THIS DAY OF 20.....

Please fax completed form and required documents to Hermien Hughes at 086 688 9417 / 012-663-1006.

Signature Applicant

NAME OF APPLICANT:

MONTHLY INCOME AND EXPENDITURE			
INCOME	INCOME 1	INCOME 2	OTHER
Basic Salary			
Housing Subsidy			
Car allowance			
Average Commission			
Average Overtime			
Rental Income			
Other: specify i.e. Maintenance			
GROSS INCOME			
Pension / Medical / PAYE			
NETT INCOME			
EXPENSES	On 1 st INCOME	On 2 nd INCOME	LIMITS ON ACCOUNTS
Cell phone(s)			
Clothing accounts: specify			
Cuthberts / Edgars / foshini /			
Jet / Milady's / Queenspark / Topics			
Truworths / Woolworths			
Other clothing/shoe accounts:			
DSTV			
Domestic: groceries, meals			
Domestic: water, electricity, rates+taxes			
Domestic worker(s)			
Entertainment			
Furniture account(s)			
Home Loan / instalment / rent			
Home maintenance			
Insurance (life and short term)			
Loans: at bank / other			
Credit Card instalments			
Maintenance (if divorced)			
School / University fees			
Extra curricular activity fees			
Transport:			
Car - instalment			
Petrol expenses			
TOTAL EXPENSES			

I, _____, (ID number _____), declare that the above information is true and correct. I understand that it is an offence to make a false statement.

DATE: _____

APPLICANT SIGNATURE _____