

# WE'RE MAKING OPTOMETRY MORE AFFORDABLE



With **OptiCred** there are no surprises, what you see is what you get.

For more information about how to apply for the **OptiCred** payment option, ask any of the practice staff members.

**OptiCred** is provided by FeverTree Finance (Pty) Ltd, a registered credit provider.

**OptiCred** wants you to enjoy the benefits of having credit and keeping it. Please keep in mind to use your credit responsibly – budget carefully and do not spend more than you can afford to repay. Keep your credit up to date because it will affect your credit rating in future.

# ALL YOU NEED TO DO:

- Complete the form and hand it to a staff member at one of our participating practitioners.
- Present a copy of your ID to the staff member assisting you. We may contact you to obtain your payslip and three months' bank statements.\*
- If your **OptiCred** application is approved, you are ready to use this payment option immediately.

Please note: Approval of credit applications are only available during the following office hours: Mon-Fri 08:00 - 17:00; Saturday 08:00 - 15:00

\* We reserve the right to do a background check which may take 24 hours.

# **OPEN YOUR**

OptiCred

Your First Name \*Surname\* RSA ID Number\* Gross Monthly Income to

MS

41052 FOR INSTANT PRE-APPROVAL



#### Provided by FeverTree Finance (Pty) Ltd

#### DETAILS

Only employed 18-65 yrs of age may apply														
Your ID number														
Email address														
Cell number														
Cell contract type	9			Cor	ntra	ct				Pre	-ра	id		

I would like to hear about deals and offerings from OptiCred Credit and its partners.

### Standard repayment period of 12 Months

## ABOUT YOU

Title									I	niti	als			
Surname														
First names														
Country of birth														
No of children	I	Marr	ried	in	Cor	nmı	unit	y of	Pro	ope	erty	? [	Y	Ν
Are you under de	ebt cou	nse	ling	?	Ye	es		I	No		]			
Home language														
Marital status	Single		Div	vorc	ed		Μ	arrie	ed		Wi	dow	ved [	
Ethnic group	Black		Co	our	ed		Ir	ndia	in		'	Whi	ite [	
	Asian			Oth	er		Ρ	refe	er n	ot t	o sj	bec	ify [	

#### For National Credit Regulator Reporting only.

	RESS

Address														
Postal code														
Postal address same as residential? Yes No														
Postal address														
Home phone											]			

Accommoda	ation	type
-----------	-------	------

Home owner A tenant Living with parents Other

# SPOUSE DETAILS / NEXT OF KIN

Name							
Surname							
Cell							

## **EMPLOYMENT DETAILS**

#### Name of Employer

				-	-	-	-	_				-	-	-	-	_		-	-	-	-	_
	<b>)-Ty</b> Emp	-		ful	l-tin	ne [		E	mp	love	ed r	bart	-tin	ne		٦	На	me	ma	ker		٦
		,				L		-	•										ude			ן
	Employed - temporary Self-employed <sup>1</sup> Student   Retired Pensioner																					
Oco	cup	atic	n																			]
Wo	rk t	el																				_
	Vhen do you get paid: End of month Specific day (e.g. 25th)											]										
Мо	nth ore c	ly ir	ico	me	-														-		<u> </u>	
	ous				ıly i	nco	me															]
	Other income allowances, bonus, commission, maintenance)																					
	Monthly credit commitments bond, car, clothing, furniture, cell phone accounts, etc)																					
				-	-	ense lectri		wate	r, fo	od, t	rans	port	, sch	iool	fee	S, (	of e	mplo	oym	ent e	etc)	
SEG	CTC	DR																				
Adr	nini	istra	atio	n			Fina	ance	Э				ſ	Ма	nu	fac	ctu	ring	I			]
Agr	icul	ture	е				Gov	/ern	me	nt	[		5	Sci	en	се	/co	mp	utir	ng		
Bus	sine	ss					Hea	alth					9	Sec	cur	ity						
Cor	nstr	ucti	ion				Hos	spita	ality													
Edu	icat	tion					Leg	al														
Lev	evel of education: Tertiary Matric Post Graduate									]												
	Self-employed clients need to forward their last three months' pank statements for account activation																					

FeverTree Finance Proprietary Limited Registration number 1998/023910/07 (NCR No NCRCP6072) is a registered credit provider.

Address: 5th Floor, Oasim North, Havelock Street, Central, Port Elizabeth Contact: 0861 007 709 | Email: enquiries@fevertreefinance.co.za fax: 0866 755 556 | Website: www.fevertreefinance.co.za

# TERMS AND CONDITIONS

#### I hereby apply for an OptiCred Credit Account

- I confirm that the details I have supplied are true and correct. I confirm that I have not recently consulted nor am I currently under debt review by a debt counselor.
- I agree to be bound to the Terms and Conditions of granting of credit as it appears on the FeverTree website (www.fevertreefinance.co.za) and those supplied via the email address specified in this application.
- I also agree that FeverTree Finance may request and receive any of my confidential and consumer credit information from any credit bureau or any third party at any time, including obtaining a bureau score to determine my credit worthiness.
- I am aware that my legal rights and obligations are between FeverTree Finance (as the Credit Provider) and myself.
- I agree to FeverTree Finance's Privacy Policy sent to the email address provided in this application or on their website: www.fevertreefinance.co.za.

#### **Debit Authorisation Consent**

- I request that FeverTree Finance (Pty) Ltd, draw against my bank account for the amounts detailed in the quotation provided.
- I understand that the withdrawals hereby authorised will be processed through EFT Debit Transactions or through NAEDO and I understand that the details of each withdrawal will be printed on my bank statement.
- I understand that it is my obligation to ensure that there are sufficient funds in my account to meet the withdrawal and that NAEDO tracking may apply for up to 30 days. Should the withdrawal be returned unpaid, for whatever reason, I understand that additional charges may apply for collection of outstanding amounts due.
- I acknowledge that the party hereby authorised to effect drawing(s) against my account may not cede or assign any of its rights to any third parties without my prior consent and I may not delegate any of my obligations in terms of this contract/authority to any third party without prior written consent of the authorised part.

DEBIT ORDER D	ETAILS		
Name of bank			
Bank account no.			
Type of account	Current	Savings	
Your signature		Date (DD	/MM/YYYY)
FOR STORE ON	LY:		
STORE:			
EMPLOYEE:			
CREDIT QUOTA	TION		
Facility	Repayment <sup>2</sup>	Total	Select your

our plan

 $^2$  Calculation of repayment includes initiation fee of R69, monthly admin fee of R25 and interest rate linked to prime + 11.5%