

APPLICATION FORM

APPLICANT _____ REG NO _____

 LTD (PTY) LTD CC SOLE PROPRIETOR PARTNERSHIP TRUST ASSOCIATION

STREET ADDRESS _____ POSTAL ADDRESS _____

 CODE:

 CODE:

DATE ESTABLISHED _____ NATURE OF BUSINESS _____

HOW LONG UNDER EXISTING MANAGEMENT _____

TEL NO _____ FAX NO _____ WEB ADDRESS _____

BANKERS _____ BRANCH _____ ACCOUNT NUMBER _____

 PERIOD WITH BANKERS YEARS MONTHS VAT Registration Number: _____

FACILITIES WITH BANKS

TYPE OF ACCOUNT	INSTITUTION	TELEPHONE NUMBER	CONTACT PERSON	ACCOUNT NUMBER

SHAREHOLDING

HOLDING COMPANY/DIRECTORS/MEMBERS	ID NUMBERS/REG NO	SHARE %	RESIDENTIAL ADDRESS
1.			
2.			
3.			
4.			
5.			
6.			

IN WHO'S NAME IS THE PROPERTY REGISTERED	CURRENT VALUE	BOND AMOUNT OUTSTANDING	MARITAL STATUS (ANG/COP)
1.			
2.			
3.			
4.			
5.			
6.			

AUDITORS
INSURANCE CO
LANDLORD

 TEL NO _____
 FAX NO _____
 CONTACT _____

 TEL NO _____
 FAX NO _____
 CONTACT _____
 POLICY NUMBER _____

 TEL NO _____
 FAX NO _____
 CONTACT _____
 PERIOD AT ADDRESS _____

TRADE REFERENCES	TEL NO	MAJOR CLIENTS	TEL NO

EQUIPMENT

 VALUE _____ Incl Vat RENTAL _____ EXCL VAT UPGRADE NEW

 TERM _____ MONTHLY QUARTERLY YEARLY ESCALATION _____ %

SUPPLIER _____ TEL NO _____ FAX NO _____

CONTACT _____ ADDRESS _____

I / we consent to the Credit Provider or its cessionary making enquiries about my / our credit record with any credit reference agency and any other party to confirm the details on this application. The Credit Provider or its cessionary may also provide credit reference agencies with regular updates regarding how I / we manage my account, including my / our failure to meet agreed terms and conditions. I / we consent that credit reference agencies may, in turn, make the records and details available to other credit grantors. The Credit Provider or its cessionary may also give this information to any person who in its opinion, needs it to carry out any of the Credit Provider or its cessionary's rights or duties in terms of the contract or any law pertaining to the products I / we have requested.

I certify that the above details are true and correct

SIGNATURE _____ FULL NAME _____ CAPACITY _____ DATE _____