



CONTACT PERSON:	TELEPHONE NO.	EQUIPMENT:
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SETTELEMENT INVOLVED? <input type="checkbox"/>	FACTOR:
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Period of Contract:	Frequency of Rental:	Amount of Rental:	Annual Escalation %	Amount excl. VAT
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LEGAL NAME OF BUSINESS:	PERIOD UNDER CURRENT MANAGEMENT/OWNERSHIP:
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TRADING NAME OF BUSINESS:	PREVIOUS EMPLOYERS IF LESS THAN 5 YEARS:-
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REGISTRATION NO:	VAT NUMBER:
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NATURE OF BUSINESS:	TEL NO
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CONTACT:	FAX NO.
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PHYSICAL ADDRESS:

POSTAL ADDRESS:	CODE:
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NAME, POSTAL ADDRESS, TEL AND FAX NUMBER OF LANDLORD:

INSURANCE BROKER NAME, TEL + FAX NUMBER	TRADE REFERENCES	YRS.	TEL:

Directors/Members/Shareholders/Owners/Controlling Cornpany details:

Full Name	ID Number	% Shares	Residential Address	Value	Bond O/S

AUDITORS:	TEL: NO.	CONTACT:
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BALANCE SHEET AVAILABLE? <input type="checkbox"/>	YEAR:
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BANKERS	BRANCH	ACCOUNT NO.	A/C OPENED (YEARS)

TRADE REFERENCE & CREDIT BUREAU CONSENT
 I/We hereby consent to you or your cessionary/ies making enquiries to my/our credit records and trade references with any credit reference agency or any third party to confirm the details provided and confirm that this consent shall apply in every respect to every director, shareholder, member and/or associate of the applicant. As signatory to this application I/we hereby indemnify you or your cessionary/ies against any claim that may be made against you or your cessionary/ies by any director, shareholder, member and/or associate of the applicant by virtue of this consent.

MARKETING CONSENT
 We hereby consent/not consent to you:
 • providing present or future group companies/associates with our details, to give them the opportunity to contact us with information on products and services they offer, which is believed will be to our benefit.
 • or your appointed research companies contacting us to enable you to conduct market research.

FINANCIAL INTELLIGENCE CENTRE ACT (FICA)
 All accountable institutions are required to identify their clients as required by the Financial Intelligence Centre Act No 38 of 2001. We therefore consent to you carrying out identity and fraud prevention checks and sharing information relating to this application through the South African Fraud Prevention Service.

CERTIFICATE
 I/we certify, that to the best of my/our knowledge and belief the information I/we have given you is correct and I/we are not aware of any matters or circumstances which I/we have not disclosed to you in writing which might influence your decision. I/We certify that there are no writs, summonses, judgements, petitions, winding up orders or pending applications for liquidation or threatened against the Applicant or its directors/shareholders.

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 Duly authorised hereto Date
 Name:
 Capacity:
 For and on behalf of: