

PLEASE COMPLETE ALL FIELDS HIGHLIGHTED

**Type of Entity:**

Co  CC  Partnership  Trust  Club/Church  Other   
 If Trust, no. Trustees \_\_\_\_ Any Trustee a juristic person? Y  N   
 % Black owned \_\_\_\_ Co/CC/Trust Reg.No. \_\_\_\_\_

Co/CC/Trust Name(Reg. Name) \_\_\_\_\_

Trading Name \_\_\_\_\_

Tax No. \_\_\_\_\_ VAT No. \_\_\_\_\_

Holding Company Registration Number \_\_\_\_\_

Holding Company Name \_\_\_\_\_

Address:(Yrs. Mnth. ) \_\_\_\_\_

Suburb \_\_\_\_\_ Postal Code \_\_\_\_\_

**Postal Address:** (If Different from Residential)

Suburb \_\_\_\_\_ Postal Code \_\_\_\_\_

**Landlord's Details:** (Name & Address of Landlord if not owner of property)

**Landlord's Name:** \_\_\_\_\_

**Landlord Address:** \_\_\_\_\_

Suburb \_\_\_\_\_ Postal Code \_\_\_\_\_

**Banking Details:** Banker's Name \_\_\_\_\_

Branch \_\_\_\_\_ Branch Code \_\_\_\_\_

A/C No. \_\_\_\_\_

Name of Auditors/Bookkeepers \_\_\_\_\_

Auditor's Contact Person \_\_\_\_\_ Tel No. ( ) \_\_\_\_\_

Ann. Turnover: R \_\_\_\_\_ Net Asset val: R \_\_\_\_\_

**Previous or Current Amounts owing to Financial Institutions:**

Name	Account No.	Instal. Amount	Bal.Owing

**Description of other Property registered in Company Name:**

Stand No. \_\_\_\_\_ Suburb \_\_\_\_\_

Bondholder Name \_\_\_\_\_

Bondholder Address \_\_\_\_\_

Purchase Price R \_\_\_\_\_ Date of Purchase / / \_\_\_\_\_

Present Value R \_\_\_\_\_ Outst. Value-bond R \_\_\_\_\_

**Financial Details:**

Selling Price (VAT inclusive) R \_\_\_\_\_

Extras Description R \_\_\_\_\_

R \_\_\_\_\_

R \_\_\_\_\_

**Total of Extras** R \_\_\_\_\_

**Sub Total** R \_\_\_\_\_

Insurance R \_\_\_\_\_

Insurance R \_\_\_\_\_

Insurance R \_\_\_\_\_

Less Deposit /Initial Rental R \_\_\_\_\_

**Principal Debt** R \_\_\_\_\_

Trade Price R \_\_\_\_\_ Retail Price R \_\_\_\_\_

Residual/ Balloon Value R \_\_\_\_\_

Initiation/ Processing Fees to be financed? Y  N

**Dealer Code** \_\_\_\_\_ Orig. Branch \_\_\_\_\_

Input Branch \_\_\_\_\_ Cr.Prov.Intr Brn \_\_\_\_\_

**Marketer's Code** \_\_\_\_\_ Name \_\_\_\_\_

Marketer's ID No. \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

Lead Prov. \_\_\_\_\_ ID No. \_\_\_\_\_

**BuyLne:** \_\_\_\_\_ **AccNo:** \_\_\_\_\_ **SIC:** \_\_\_\_\_

**Language of Choice:** English  Afrikaans  Other

Registered Office Address \_\_\_\_\_

No. years in business \_\_\_\_\_ Nature of Business \_\_\_\_\_

TelNo. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Authorised Signatories as per resolution**

Name	ID No.	Designation

Indicate if prepared to guarantee facility/deal \*

**FULL Names & ID No. of all Directors/Members/Partners/Trustees**

Name	ID No	*Yes/No	%Share

Foreign Controlled? Y  N  Percentage? \_\_\_\_\_%

Contact Person \_\_\_\_\_ Designation \_\_\_\_\_

**Transaction Type:**

Instalment Sale  Lease  Rental  Term Loan

Period \_\_\_\_\_ Months \_\_\_\_\_

NACM Rate (what are we going to use) \_\_\_\_\_%

Do you require a Fuel & Maintenance Facility? Y  N

**Transaction Details:**

Supplier/Dealer Name \_\_\_\_\_

Dealer Tel No. ( ) \_\_\_\_\_

Contact Name \_\_\_\_\_

Tel No. ( ) \_\_\_\_\_

Goods Description \_\_\_\_\_

**Insurance Company/ Broker:**

Policy No. \_\_\_\_\_ Renewal Dte / / \_\_\_\_ DD/MM/YY

Confirmed By \_\_\_\_\_ Tel No. ( ) \_\_\_\_\_

**TO BE COMPLETED BY CATHERINE**

I/We the undersigned hereby authorise this Credit Provider to contact my/our Bankers and/or auditors and I/we authorise my/our bankers/auditors to disclose to this Credit Provider, details and copies of my/our accounts and financial statements.  
 I/We the undersigned hereby consent to this Credit Provider making enquiries regarding my/our credit history with any credit bureau.  
 The Bankers/ Auditors may disclose confidential information regarding my/our accounts and financial position to this Credit Provider and provide them with copies of my/our financial statements.  
 I/We do not have applications pending for credit, nor open quotations as envisaged in section 92 of the National Credit Act.  
 I/We confirm herewith that I/we are duly authorized to consent to the above.

SIGNATURE

NAME

DESIGNATION

DATE