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| **Application for credit facilities – Business application** |
| I/We (the customer) hereby apply for credit facilities for the opening of an account with  |
| **SECTION A: To be completed by all applicants*****Mark with an X the relevant legal entity under which the account will be operated.*** |
| **Business legal entity Check** | **Completion instructions** |
| Sole proprietor [ ]  | Complete sections A, B, D and E |
| Partnership [ ]  | Complete sections A, B, D and E |
| Close corporation [ ]  | Complete sections A, C, D and E |
| Registered company [ ]  | Complete sections A, C, D and E |
| The account shall be opened in the name of: | Registered name: Trading name:  |
| Physical address of customer being chosen as domicilium citandi ex executandi |  Postal code:  |
| Postal address |  Postal code:  |
| Billing address (if different from above) |  Postal code:  |
| Telephone numbers | Area code: No.: Area code: No.:  |
| Contact person for account queries | Name: Position: Tel no.: E-mail address:  |
| Names of authorised employees/users |  |
| Bankers |  |
| 1. Bank |  |
| 2. Branch |  |
| 3. Account number |  |
| 4. Account name and description of account |  |
| 5. If less than three years, provide previous bank account details |  |
| Premises [ ]  Owned [ ]  Leased [ ]  Rented |
| Name of landlord: Address of landlord: Landlord’s telephone no.:  |
| Guarantees in favour of other creditors |
| List all sureties, cession of debtors and notarial bonds |
| List all judgements and liquidations/sequestrations against the business or its principals |
| Can the latest audited financial statements be made available? [ ]  Yes [ ]  No |
| **SECTION B: Sole Proprietor/Partnership** |
| Date of commencement of business: Nature of business:  |
| **Full names of proprietor/partners** | **Identity number** | **Residential address** | **Home telephone no.** |
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| Details of fixed property owned: |
| Address | Stand no. and township | Bond holder (bank) | Estimated value | Outstanding balance on the bond | In whose name is the property registered? |
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|  | 🖐 | 🖐 | 🖐 | 🖐 | 🖐 |
|  | 🖐 | 🖐 | 🖐 | 🖐 | 🖐 |
| **SECTION C: Close Corporations/Registered Companies** |
| Registered office address:  |
| Corporation/Company registration: | Registration no.: Incorporation date:  |
| If a subsidiary company, state name of holding company:  |
| If yes, provide details of all other trading names:  |
| **Trading name** | **Physical address** | **Nature/type of business** |
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| Date established:  |
| Auditors/accounting officers of the close corporation/company |
| Company name | **Address** | **Contact person** | **Telephone no.** |
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| Members of the close corporation/directors of the company |
| **Full names** | **Residential address** | **Identity no.** | **Telephone no.** |
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| Provide details of each member/shareholder/director who is a member/shareholder/director of one or more other close corporations or companies |
| **Member/shareholder/director****Full name** | **Close corporation/Company Name 1** | **Close corporation/Company Name 2** |
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| Details of the official company secretary/public officer |
| **Full name** | **Address** | **Contact person** | **Telephone no.** |
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| **SECTION D:** Trade references to be completed by all applicants |
| **Company name** | **Contact person** | **Telephone no.** | **Address** | **Outstanding balance** |
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| **SECTION E:** To be completed by all applicants |
| Approximate value of initial order: RAnticipated monthly purchases: R Credit limit required R |
| The undersigned, who warrants that he/she/they is/are duly authorised by the Customer (the signatory) accepts the Standard Terms and Conditions which follow this application. The Customer acknowledges that any amount due for goods or services will be due unconditionally within the credit period granted from the date of invoice issued by 🖐. The signatory hereby binds himself/herself as co-principal debtor jointly and severally. The Customer hereby declares that no cheques will be issued in payment unless there are sufficient funds available and that such funds will remain available in order that all cheque payments will be honoured and that under no circumstances will any cheque be stopped.I hereby certify that all the above information is correct.Signed at on this the day of 20.Full names 1) Full names 2) Signatures 1) Capacity 1) Signatures 2) Capacity 2) Witnessed by (Full name) 1) Witnessed by (Full name) 2) Witness Signature 1) Witness Signature 2)  |

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| Please attach copies of the following documents (where applicable):1. Copy of identity book if you are a sole proprietor or individual [ ]
2. Copy of identity book of all principals [ ]
3. Cancelled copy of your company letterhead [ ]
4. Letter from your bank confirming bank details [ ]
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| SECTION F: For office use only |
| Branch name |   |
| Manager’s signature |   |
| Credit references notes |  |
| Bank references notes |  |
| Trade references notes  |  |
| Date approved/declined |  |
| Credit terms  |  |
| Credit limit setReason for this credit limit |  |
| Account number allocated |  |
| Other comments |  |
| Credit manager’s signature |   |