



Juristic Application for Finance

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 __Mnths ____)

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 _____

_____ 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. (____)

LeadProv _____ 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. _____ RenewalDte ____ / ____ / ____ DD/MM/YY

Confirmed By _____ Tel No. (____)

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