

Fax Completed form to 086-640 1387**Call Robbie at 082 647 6074 if you need help filling out the form**Supplier: Pieter Pretorius, www.extraordinaire.co.za

Client Name: _____

Reg No: _____

Period in Business: _____ Main Business Activity: _____

Shareholders / Directors / Members / Partners, Surety ect. (with over 10% shareholding)

Full names	ID no	%	Address	Owned	Value	Bond 0/S

Company Physical Address_____

Code: _____

Owner Y/N _____ Tenant Y/N: _____

Postal Address_____

Postal Code: _____

Period at Address: _____

Company Contact Details:

Tel No: () _____

E-Mail: _____

Fax No: () _____

Cell No: () _____

Landlord Details:

Name: _____

Postal Address: _____

Fax No: () _____

Code: _____

Insurance Details:

Name of Broker: _____

Tel No: () _____

Postal Address: _____

Insurance Co: _____

Fax No: () _____

Policy no: _____

Code: _____

Bank Details:

Account Name: _____

Bank: _____

Period with bankers: _____

Branch: _____

Account No: _____

Branch Code: _____

Facilities with Banks:

Name / Facility	Institution	Limit	Outstanding balance

Asset to be Financed:

Asset Description: _____

Rental: _____

Period: _____

Esc %: _____

Settlement: _____

I/we the undersigned hereby certifies that all the information stated on this application are true and correct.

I consent to the Bank making enquiries about my credit record with any reference agency and any other party to confirm details on this application. The Bank may also provide credit reference agencies with regular updates, including how I manage my accounts.

Signature

Corporate Designation of Signature

Date