

**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