



**APPLICATION FORM**

APPLICANT \_\_\_\_\_ REG NO \_\_\_\_\_

LTD  
  (PTY) LTD  
  CC  
  SOLE PROPRIETOR  
  PARTNERSHIP  
  TRUST  

STREET ADDRESS \_\_\_\_\_ POSTAL ADDRESS \_\_\_\_\_

CODE:

CODE:

DATE ESTABLISHED \_\_\_\_\_ NATURE OF BUSINESS \_\_\_\_\_

HOW LONG UNDER EXISTING MANAGEMENT \_\_\_\_\_

TEL NO \_\_\_\_\_ FAX NO \_\_\_\_\_ E-MAIL \_\_\_\_\_

BANKERS \_\_\_\_\_ BRANCH \_\_\_\_\_ CHEQUE ACCOUNT NUMBER \_\_\_\_\_

PERIOD WITH BANKERS  YEARS  MONTHS VAT Registration Number: \_\_\_\_\_

FACILITIES WITH BANKS				
TYPE OF ACCOUNT	INSTITUTION	TELEPHONE NUMBER	CONTACT PERSON	ACCOUNT NUMBER

**SHAREHOLDING**

HOLDING COMPANY/DIRECTORS/MEMBERS	ID NUMBERS/REG NO	SHARE %	RESIDENTIAL ADDRESS
1.			
2.			
3.			

IN WHO'S NAME IS THE PROPERTY REGISTERED	CURRENT VALUE	BOND AMOUNT OUTSTANDING	MARITAL STATUS (ANC/COP)
1.			
2.			
3.			

<b>AUDITORS</b>	<b>INSURANCE CO</b>	<b>LANDLORD</b>
TEL NO _____	TEL NO _____	TEL NO _____
FAX NO _____	FAX NO _____	FAX NO _____
CONTACT _____	CONTACT _____	CONTACT _____
	POLICY NUMBER _____	PERIOD AT ADDRESS _____

TRADE REFERENCES	TEL NO	MAJOR CLIENTS	TEL NO

<b>EQUIPMENT</b> _____			
VALUE _____	Incl Vat	RENTAL _____	EXCL VAT <input type="checkbox"/> UPGRADE <input type="checkbox"/> NEW
TERM _____	MONTHLY <input type="checkbox"/>	QUARTERLY <input type="checkbox"/>	YEARLY <input type="checkbox"/> ESCALATION _____ %
SUPPLIER _____	TEL NO _____	FAX NO _____	
CONTACT _____	ADDRESS _____		

I / we consent to **First Floor Assistance (Pty) Ltd** or its cessionary making enquiries about my / our credit record with any credit reference agency and any other party to confirm the details on this application. **First Floor Assistance (Pty) Ltd** or its cessionary may also provide credit reference agencies with regular updates regarding how I / we manage my account, including my / our failure to meet agreed terms and conditions. I / we consent that credit reference agencies may, in turn, make the records and details available to other credit grantors. **First Floor Assistance (Pty) Ltd** or its cessionary may also give this information to any person who in its opinion, needs it to carry out any of **First Floor Assistance (Pty) Ltd** or its cessionary's rights or duties in terms of the contract or any law pertaining to the products I / we have requested.

I certify that the above details are true and correct

SIGNATURE \_\_\_\_\_ FULL NAME \_\_\_\_\_ CAPACITY \_\_\_\_\_ DATE \_\_\_\_\_