Juristic Application for Finance

Type of Entity:	Dealer CodeOrig. Branch
Co CC Partnership Trust Club/Church Other	
If Trust, no.TrusteesAny Trustee a juristic person? Y _N	
% Black owned Co/CC/Trust Reg.No	Marketer's ID No Fax No.()
Co/CC/Trust Name(Reg. Name)	LeadProv ID No
Trading Name	BuyLne: AccNo:SIC:
Tax NoVAT No	Language of Choice: English Afrikaans Other
Holding Company Registration Number	Registered Office Address
Holding Company Name	
Address:(Yrs_Mnths)	No.years in business Nature of Business
Suburb Postal Code	TelNo. () Fax No. ()
Postal Address:(If Different from Residential)	E-mail Address
Suburb Postal Code	Authorised Signatories as per resolution
Landlord's Details: (Name & Address of Landlord if not owner of property)	Name ID No. Designation
Landlord's Name:	
Landlord Address:	
Suburb Postal Code	
Banking Details: Banker's Name	
Branch Code	
A/C No	Indicate if prepared to guarantee facility/deal *
Name of Auditors/Bookkeepers	FULL Names & ID No. of all Directors/Members/Partners/Trustees
Auditor's Contact PersonTel No. ()	Name ID No *Yes/No %Share
Ann. Turnover: R Net Asset val: R	
Previous or Current Amounts owing to Financial Institution	ons:
Name Account No. Instal. Amount Bal.O	owing
Description of other Property registered in Company Nam	ne:
Stand No. ———————————————————————————————————	
Bondholder Address	
Bolidiloidel Address	
Purchase Price R DateofPurchase / /	Foreign Controlled? Y N Percentage?%
Present Value R Outst. Value-bond R	Contact Person — Designation —
Financial Details:	Transaction Type:
Selling Price (VAT inclusive) R ,	Instalment Sale Lease Rental Term Loan
Extras Description R	Period Months
<u>R</u>	
<u>R</u>	Do you require a Fuel & Maintenance Facility? Y N
Total of Extras R ,	Transaction Details:
Total of Extras R , Sub Total R .	Supplier/Dealer Name
Insurance R	Dealer Tel No. ()
Insurance R ,	Contact Name
Insurance R ,	Tel No. ()
Less Deposit /Initial Rental R	Goods Description
Principal Debt R	Insurance Company/ Broker:
Trade Price R , Retail Price R ,	Policy No. RenewalDte / / DD/MM/YY
Residual/ Balloon Value R	
Initiation/ Processing Fees to be financed? Y \ N	Committee by remove
disclose to this Credit Provider, details and copies of my/our accounts an I/We the undersigned hereby consent to this Credit Provider making enq	quiries regarding my/our credit history with any credit bureau. ny/our accounts and financial position to this Credit Provider and provide them with senvisaged in section 92 of the National Credit Act.
SIGNATURE NAME	DESIGNATION DATE