

APPLICATION FORM BUSINESS PARTICULARS

GOODS DESCRIPTION		NEW USED	MODEL	MAKE
DEALER / SUPPLIER				TELEPHONE
F & I CONTACT PERSON			SALES PERSON	FAX
CASH PRICE (VAT INCL) R	VARIABLE EXTRAS (VAT INCL)			LANGUAGE <input type="checkbox"/> ENG <input type="checkbox"/> AFR
ADD COVER R	RADIO / TAPE R	<input type="checkbox"/> INSTALMENT		
LICENCE / REG R	NUMBER PLATE R	<input type="checkbox"/> LEASE		
CREDIT LIFE R	WARRANTY R	<input type="checkbox"/> RENTAL		
DEPOSIT / TRADE IN R	OTHER R	<input type="checkbox"/> OTHER		
FINANCABLE AMOUNT R	OTHER R			
TERM	RATE	<input type="checkbox"/> ADVANCE	<input type="checkbox"/> ARREARS	RESIDUAL
				INSTALMENT

BUSINESS DETAILS				
TRADING ENTITY	<input type="checkbox"/> SOLE PROPRIETOR / PARTNERSHIP	<input type="checkbox"/> CLOSE CORPORATION	<input type="checkbox"/> COMPANY	<input type="checkbox"/> TRUST
TURNOVER IN EXCESS OF R1 MILLION PER YEAR	<input type="checkbox"/> YES R			<input type="checkbox"/> NO
ASSETS VALUE IN EXCESS OF R1 MILLION	<input type="checkbox"/> YES R			<input type="checkbox"/> NO
BUSINESS NAME				
REGISTRATION NUMBER				
MAIN BUSINESS ACTIVITY				
BUSINESS ADDRESS				CODE
POSTAL ADDRESS				CODE
TELEPHONE NUMBER	EMAIL ADDRESS			
BUSINESS FAX				NO. OF YEARS IN BUSINESS
OWNED PREMISES	<input type="checkbox"/> YES <input type="checkbox"/> NO	BOND OUTSTANDING		

BANKING DETAILS				
BUSINESS BANKERS				
TYPE OF ACCOUNT	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> TRANSMISSION	ACCOUNT NUMBER	BRANCH CODE

LIST OF DIRECTORS / MEMBERS / TRUSTEES / PARTNERS*				
FULL NAMES			LENGTH OF 'DIRECTORSHIP' - YEARS	
SURNAME		ID NUMBER		
FULL NAMES			LENGTH OF 'DIRECTORSHIP' - YEARS	
SURNAME		ID NUMBER		
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SURNAME		ID NUMBER		
FULL NAMES			LENGTH OF 'DIRECTORSHIP' - YEARS	
SURNAME		ID NUMBER		

Signature _____

Date _____

NBI * Please supply completed individual applications of all members / directors.
* Please supply entities' registration documentation as well as VAT registration number.