22 Chislehurst Road Westville Durban, 3629



Application Form

Section A: Client Information	
Registered name of Institution:	Trading as:
Type of business: Sole Proprietor Partnershi	p Public Company Private Company CC Trust
Registration / ID Number:	Commencement date of business:
Is the Asset value or turnover of the Company greater (If no, please supply a confirmation letter from the Company's Auditors)	than R2 million rand Yes No No
VAT Number:	(If the company is not registered for VAT, written confirmation on the company's letterhead is req).
Regulatory Body (e.g. NCR/ADRA etc):	CPA Membership Number (if applicable):
Registered Address:	("Domicilium citandi et executandi")
Physical Address:	1 33tul code
	Postal Code:
Postal Address:	
	Destal Code:
Telephone Number:	Postal Code: Fax Number:
Website address:	
Position within Company:	
Telephone Number of signatory:	Cellphone Number of signatory:
Section B: Details of Directors, Members or Trus	tees
Full Name & Surname:	Identity Number:
Full Name & Surname:	Identity Number:
Full Name & Surname:	Identity Number:
Section C: Trade References	
Name of Company:	Tel Number:
Name of Company:	Tel Number:
Name of Company:	Tel Number:
	Initial Here

Section D: Other Contact Information		
Name of Auditor:	Tel Number:	E-mail:
Name of Attorney:	Tel Number:	E-mail:
Contact person for payments:	Tel Number:	E-mail:
Section E: Method of Payment		
Method of payment (Please tick preferred option)	Electronic Transfer	Debit Order □
Payment by Debit order: Please fill in all details below if Debit Order is method of I/We hereby request, instruct and authorise you to draw against branch to which I/we may transfer my/our account) the sum eq of the monthly transactions due in respect of this agreement of and continuing until termination of our agreement of and continuing until termination of our agreement of a such withdrawals from my/our bank account by you shall be to I/We understand that the withdrawal hereby authorised will be Banks and I also understand that details of each withdrawal will relating to this debit order instruction. This authority may be cancelled by me/us by giving 60 (Sixty) dathat I/we shall not be entitled to any refund of amount which if were legally owing by you. Receipt of this instruction by you shall I/We acknowledge that the party hereby authorised to effect the rights to any 3rd party without my/our prior written consent and agreement/authority to any 3rd party without prior written consent.	at my/our account with the under merual to the previous months invoice, or in the 3 rd day (or thereabout) of each element (as the case may be). The reated as though they had been signed processed through a computerised system be printed on my bank statement. If they so notice in writing, sent by prepaid respond to the regarded as receipt thereof by my drawing(s) against my/our account, my that I/we may not delegate any of my.	the amount necessary for payment and every month commencing on d by me/us personally. Stem provided by the South African We agree to pay any bank charges registered post, but I/we understand mority was in force if such amounts your Bank. The agree of assign any of its
Account Holder:	Bank:	
Account Number:	Account Type:	
Branch Name:	Branch Code:	
Signed by: on this day of	20	
SIGNATURE AS USED FOR SIGNING CHEQUES		
ASSISTED BY (where legally necessary)	CAPACITY	
A cancelled cheque should be attached for bank identification pur The user may add to the above minimum requirement.	rposes (Current/Cheque accounts only)	1.
Payment by EFT: Transactions are calculated monthly on the 25th of every month Payment is due upon invoice receipt. Interest is calculated not complete within 7 (seven) days.		
i-TEAM Bank Account Details: Nedbank Fourways Mall Branch Code: 168405 Account Number: 1684075173		

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Annexure B: Written Certification

	ribe the Company / Business's activities:				
be how Cre	edit Bureau information will be used in terms of the Company / Business activities as described above.				
y from the	prescribed purpose/s set out below, the purpose for which the Company / Business accesses credit bureau information				
	a. an investigation into fraud, corruption or theft, provided that the South African Police Service or any other statutory enforcement agency conducts such an investigation;				
	o. fraud detection and fraud prevention services;				
	c. considering a candidate for employment in a position that requires trust and honesty and entails the handling of cash or finances;				
	d. an assessment of the debtors book of a business for the purposes of:				
	• the sale of the business or debtors book of that business; or				
	 any other transaction that is dependent upon determining the value of the business or debtors book of that business; 				
	e. setting a limit of in respect of the supply of goods, services or utilities;				
f	assessing an application for insurance;				
	g. verifying educational qualifications and employment;				
l l	n. obtaining consumer information to distribute unclaimed funds, including pension funds and insurance claims;				
□ i	0 , 1 , 1				
	consumer and the credit provider; developing a credit scoring system by a credit provider or credit bureau;				
	c. an affordability assessment in respect of a consumer, as required by Section 81 of the Act;				
_	m. investigating the applications for debt review made by consumers.				
any / Bu imer, and ested.	y / Business is accessing credit bureau information for a purpose set out in (c) or (e) to (g), (m) above siness warrants that, it has the necessary policies and procedures in place to obtain the consent that for purpose (c), the position is cash or finance related, prior to the credit bureau information allowing should apply to you in relation to the purpose as selected above, then the additional requirement to:				
Purpose	Additional Requirement				
С	You may only use this purpose for a position that involves the handling of cash or finance;				
h	If you are acting on behalf of the Pension Fund / Insurance Company, you need to submit a letter of authorisation from the Pension Fund / Insurance Company				
i	If you are acting on behalf of a Credit Provider, you need to submit a letter of authorisation from the Credit Provider, or authorisation from the entity that has been authorised by the Credit Provider				
m	If you are a registered Debt Counsellor, please supply your Debt Counsellor Certificate.				

Who warrants that he / she has the authority and capacity to bind the Company / Business, in respect of the contents certified herein.

Initial Here ____