

**CONFIDENTIAL APPLICATION FOR CREDIT FACILITIES IN**

(Insert legal name of Afrimat subsidiary)

(Where required tick the appropriate block. Application must be completed in full, in ink and initialed on each page. Every question must be answered.)

1. Legal entity name:			
2. Legal entity reg. no./I.D. no.:		3. VAT no.:	
4. Legal entity type: <input type="checkbox"/> Public company <input type="checkbox"/> Private company <input type="checkbox"/> Close corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Other			
5. Legal entity street address:		Postal code:	
6. Legal entity postal address:		Postal code:	
7. Legal entity nature of business:			
8. Legal entity contact details:		Account enquiries name:	Fax code & no.:
		Tel. code & no.:	Email:
9. Trading name:			
10. Holding company name:			
11. The following details are needed for each director / member / partner / trustee / owner of the legal entity: (Please attach page with these details)			
Name:			
I.D. number:			
Home street address:		Postal code:	
Home postal address:		Postal code:	
Home tel. no.:		Email:	
Cellphone no.:			
Marriage status:		<input type="checkbox"/> Single <input type="checkbox"/> Married COP <input type="checkbox"/> Married ANC	
12. Bank name:		Bank branch code:	Bank acc. no.:
13. Financial manager name:		Tel. code & no.:	
14. Have you had any supplies from Afrimat Limited or its subsidiaries before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If 'Yes' than complete the following:		Supplier name 1:	Account no.:
		Supplier name 2:	Account no.:
15. Estimate monthly purchases amount:		R	
16. Credit limit requested amount:		R	(should equal estimated value of two months' purchases)
17. Trade references are as follows: (at least three)			
Supplier name	Contact name	Contact tel. no.	Credit limit amount
			Payment terms (e.g. monthly statement + 30 days)
18. Have you had any supplies from other aggregate suppliers before ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If 'Yes' than complete the following:		Supplier name 1:	Account no.:
		Supplier name 2:	Account no.:
19. Details of fixed property			
In what name is the property registered?	Year Purchased	Current Market Value	Bond Holder
			Bond Value
1.			
2.			
3.			
20. Details of moveable property			
Details	Market Value	Fully Paid?	

Initial

21. Details of leased/rented property:

Name and address of landlord: \_\_\_\_\_

Monthly rental R \_\_\_\_\_ Period of lease: \_\_\_\_\_

**PLEASE TICK CORRECT ANSWER**

Has company/CC issued/signed any guarantees in favour of other creditors?  Yes  No

Have directors/members issued/signed any guarantees in favour of other creditors?  Yes  No

Have principals ever been directors/members of a business that ceased trading?  Yes  No

Have your debts been ceded?  Yes  No To whom: \_\_\_\_\_ Date ceded: \_\_\_\_\_

Are you latest financial statements available for inspection?  Yes  No

22. Does your annual turn-over or asset value exceed R1 million?  Yes  No

**The customer representative hereby certifies that the above information is correct and that he/she is authorised to sign this application on behalf of the customer.**

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

**by customer representative:**

Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_