

# APPLICATION FOR CREDIT FACILITIES OF STEELRODE (PROPRIETARY) LIMITED

Reg No 2003/013605/07

P O BOX 11563,  
RANDHART  
1457

TEL: 011 908-2878  
FAX: 011 908-2876

(Hereinafter referred to as the "Credit Grantor")

I/We hereby make application for credit facilities and for the opening of an account with yourself. In support of the application, the following particulars are furnished.

### SECTION A:

(To be completed by ALL applicants) (Hereinafter referred to as "the Credit Applicant")

1. PLEASE MARK WITH (X) THE RELEVANT LEGAL ENTITY UNDER WHICH YOU WILL OPERATE THE ACCOUNT:-

PRIVATE INDIVIDUAL / SOLE PROPRIETOR		PARTNERSHIP	
REGISTERED COMPANY		CLOSE CORPORATION	

2. a) The account shall be operated in the name of: NAME IN FULL:

b) Physical address of the account holder as above:

3. POSTAL ADDRESS:

4. PRINCIPAL PLACE OF BUSINESS:

5. TELEPHONE NUMBER: ..... FAX NUMBER: .....

CELL NUMBER: ..... E-MAIL ADDRESS: .....

6. Does the Credit Applicant trade under any other name/s? YES / NO

TRADING NAME	ADDRESS	NATURE OF BUSINESS

7. Who are the Auditors / Accounting Officer of the Credit Applicant?

NAME:	POSTAL ADDRESS:
TEL. NO:	
FAX NO:	CONTACT PERSON:

8. Details of Applicants Bankers:

NAME:	BRANCH:	ACCOUNT NO:
ACCOUNT DESCRIPTION:	DATE ACCOUNT OPENED:	

9. Company VAT Registration Number: .....

10. TRADE REFERENCES:

NAME:	TEL:

11. (a) Are the Applicant's business premises rented? YES / NO

If yes, please furnish the following details of the Landlord:

Postal Address:			
Physical Address:			
Tel No:	Fax No:	Period at this address:	

(b) If no, please furnish details of fixed property by the Credit Applicant.

ADDRESS	STAND NO & TOWNSHIP	ESTIMATE VALUE	BOND VALUE	BOND HOLDER	IN WHOSE NAME IS PROPERTY REGISTERED

12. ADDRESS TO WHICH CORRESPONDENCE / STATEMENTS SHOULD BE MAILED:


**SECTION B:**

(To be completed by Registered Companies and Close Corporations)

1. Registered Office Address:


2. (a) Company's / Corporation's Registration Number:  
(b) Date of Registration:


3. Who are the Directors / Members of the Company / Close Corporation?

Full Names	Date of Birth or I.D. No	Residential Address (physical)	Telephone No

**SECTION C:**

(To be completed by private individual / sole proprietor)

1. Identity Number:								
2. Please mark with "X" in the appropriate block:								
Male		Female		Married		Not married		
3. If you are married, please mark with "X" in the appropriate block:								
In Community of Property		Antenuptial contract – With accrual system		Antenuptial contact – without accrual system				
Date when married?								
4. Full name of spouse:				Identity Number:				
5.		APPLICANT			SPOUSE			
(a) Occupation								
(b) Name of Employer								
(c) Employer's Address								
(d) Salary	R		pm	R		pm		
(e) Other Income	R		pm	R		pm		
6. Have you ever been declared insolvent?							YES	NO

**SECTION D:**

(To be completed if Applicant is a Partnership)

1. Date of Commencement of Business:		2. Nature of Business:		
3.				
Full Names of Proprietor / Partner(s)	Date of Birth / I.D. No	Residential Address (physical)	Telephone No	
4.				
Full Names of Spouse	Date of Birth / I.D. No	Date when married	In Community of Property or Antenuptial contract-with or without accrual system	
5. Was any person involved with this application ever declared Insolvent?			YES	NO

1. **SECURITIES**

- (a) Has a Notarial Bond been registered over your movable assets? YES NO  
 If the answer is "yes", in whose favour and at which Deeds Office and what is the date and number of registration?  
 In favour of: .....  
 Deeds Office: .....  
 Date: .....Registration Number: .....
- (b) Has a cession of your book debt been given to any party? YES NO  
 If the answer is "yes", the name, address and telephone number of such party is to be furnished:  
 .....
- (c) Has security been given for an overdraft? YES NO  
 If the answer is "yes", full details of such securities are to be furnished:  
 .....
- (d) Have any of the owners / partners / directors ever been declared insolvent? YES NO  
 If the answer is "yes", full details are to be furnished of the date and case number:  
 .....

2. MY / OUR ANTICIPATED MONTHLY PURCHASE WOULD RANGE BETWEEN LOWEST R.....AND HIGHEST R.....

3. I / WE UNDERTAKE TO PAY MY / OUR ACCOUNT WITHIN 30 DAYS AFTER DATE OF MONTHLY STATEMENT WHICH WILL BE MAILED TO MY / OUR ADDRESS AS STATED IN SECT.A CLAUSE 3 ABOVE.

4. I FURTHERMORE ACCEPT THAT ALL BUSINESS IS UNDERTAKEN BY THE CREDIT GRANTOR, STRICTLY AND EXCLUSIVELY SUBJECT TO THE CREDIT GRANTOR'S STANDARD TRADING TERMS.

5. IS THE APPLICANT PREPARED TO GIVE SECURITY(IES) YES NO  
 If yes, please state what security is offered:  

CESSION OF CONTRACTS	CESSION OF BOOK DEBTS	SURETYSHIP	NOTARIAL BOND
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6. PLEASE ATTACH A COPY OF THE APPLICANT'S LATEST BALANCE SHEET.

7. MAXIMUM CREDIT LIMIT REQUIRED: R

8. **CESSION:**  
 I/We the undersigned.....do hereby cede and assign unto and in favour of.....(hereinafter referred to as "The Credit Grantor") all my/our rights, title and interest in and to all debts which are now, or which may in the future become, owing to me by any party or parties as security for the payment by me/us of all amounts which are now and which may from time to time in the future become owing by me/us to the Credit Grantor from any cause of indebtedness howsoever arising.  
 I/We agree that on request by the Credit Grantor, I/We shall be obliged to hand over to the Credit Grantor all books of account, invoices and documents and the like which it may require for the purpose of ascertaining the amounts due to me/us and for the purpose of the recovery of payment.

9. **CONSENT:**  
 The Credit Applicant specifically CONSENTS that the Credit Grantor:-

- May carry out a credit enquiry in respect of the customer and any of its shareholders/directors/members, as the case may be;
- May access a Credit Bureau's data base before granting credit to the customer;
- May, where credit is granted, transmit details to a Credit Bureau of how the customer has performed in meeting its obligations under the account and share such information with other Credit Bureaus for purposes of assessing further applications for credit by the customer (and its members, directors as the case may be) and for occasional debt tracing, debt collection and fraud prevention purposes;
- If credit is granted in favour of the Credit Applicant and the Credit Applicant fails to meet its financial commitments to the Credit Grantor, the Credit Grantor may record the Credit Applicant's default with a Credit Bureau;
- Provide opinions on the manner in which the directors or members of the customer conducted the business of the customer;

- May refer information relating to the Credit Applicant's credit performance to a Credit Bureau for banking and credit assessment, statistical analysis, and credit scoring purposes and use such information to identify products (including those supplied by third parties) which may be relevant to the Credit Applicant;
- May record the existence of the Credit Applicant's account with the Credit Grantor at a Credit Bureau(s)
- The Credit Applicant, its directors, members, or shareholders specifically acknowledges that it shall under no circumstances hold the Credit Grantor liable for any damages relating to any of the aspects as set out in this paragraph 10.
- SIGNED at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ .  
\_\_\_\_\_

I / We ..... and ..... the undersigned in my/our capacity as ..... and ..... do hereby grant warrant that all the information recorded in this application is true and correct, that I / we sign of my/our own free will and with the full knowledge and understanding of the contents hereof and that I / we are duly authorised in doing so.

SIGNED AT ..... THIS ..... DAY OF ..... 20 .....

WITNESSES: 1 \_\_\_\_\_

1. \_\_\_\_\_  
Signed for and on behalf of the Credit Applicant  
being duly authorised thereto

2 \_\_\_\_\_

2. \_\_\_\_\_  
Signed for and on behalf of the Credit Applicant  
being duly authorised thereto

**FOR OFFICE USE ONLY  
AUTHORISATION FOR CREDIT**

SALESPERSON'S REPORT: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

CREDIT MANAGER'S / DEPARTMENT'S COMMENT: \_\_\_\_\_

Is the Credit Applicant covered by a Credit Insurer? YES / NO

If "yes", what is the extent of the cover provided? \_\_\_\_\_

**CREDIT GRANTED**

**YES**

**NO**

CREDIT LIMIT: \_\_\_\_\_

REVIEW DATE: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_