



SUPPLIER APPLICATION FORM

Name of Company: _____

Address : _____

Postal Address : _____

Telephone No. : _____ Fax No. : _____

E-mail address : _____

Auditors : _____ Telephone number: _____

Insurance Broker : _____ Telephone number: _____

Date Established : _____ Registration No. _____

Number of Staff : _____ VAT No. _____

Accredited Agent : YES NO If YES, please state for which brand names:

please attach copies of Agent/Distribution agreement

SHAREHOLDERS:

NAME	%	I.D. NUMBER	EMAIL ADD
1.			
2.			
3.			
4.			

PREVIOUS EMPLOYER: (If company younger than four years)

COMPANY	POSITION HELD	PERIOD
1.		
2.		
3.		
4.		

BANKING DETAILS:

Company Bankers : _____ Branch: _____

Account No. : _____

NATURE OF BUSINESS:

Type of equipment to be funded : _____
(as much detail as possible)

Contact Person : _____

CREDIT REFERENCES THAT WE CAN CONTACT:

1	Telephone No.
2.	Telephone No.
3.	Telephone No.

TRADE REFERENCE & CREDIT BUREAU CONSENT

I/We hereby consent to you or your cessionary/ies making enquiries to my/our credit records and trade references with any credit reference agency or any third party to confirm the details provided and confirm that this consent shall apply in every respect to every director, shareholder, member and/or associate of the applicant. As signatory to this application I/we hereby indemnify you or your cessionary/ies against any claim that may be made against you or your cessionary/ies by any director, shareholder, member and/or associate of the applicant by virtue of this consent.

MARKETING CONSENT

We hereby consent/do not consent to you:
providing present or future group companies/associates with our details, to give them the opportunity to contact us with information on products and services they offer, which is believed will be to our benefit. or your appointed research companies contacting us to enable you to conduct market research.

FINANCIAL INTELLIGENCE CENTRE ACT (FICA)

All accountable institutions are required to identify their clients as required by the Financial Intelligence Centre Act No 38 of 2001. We therefore consent to you carrying out identity and fraud prevention checks and sharing information relating to this application through the South African Fraud Prevention Service.

CERTIFICATE

I/we certify that to the best of my/our knowledge and belief the information I/we have given you is correct and I/we are not aware of any matters or circumstances which I/we have not disclosed to you in writing which might influence your decision. I/We certify that there are no writs, summonses, judgements, petitions, winding up orders or pending applications for liquidation or threatened against the Applicant or its directors/shareholders.

.....
Duly authorised hereto
Name:
Capacity:
For and on behalf of:

.....
Date

Please provide the following information:

1. Copy of Certificate to Commence Business / Founding statement
2. Copy of I.D. of shareholders/directors
3. Copy of cancelled cheque
4. Copy of maintenance agreement (if applicable)
5. 3 x trade references - provide telephone numbers
6. If applicable – written confirmation to be obtained from the Agent or Main Distributor that supplier is an accredited dealer
7. Detailed description of products to be supplied with a price list
8. Blank copy invoice
9. Latest financial statements
10. Details of other financiers the supplier uses

On approval of the facility all relevant FICA documentation must be provided.

Reference from Supplier’s supplier confirming length of business dealings and volumes involved
