

CONFIDENTIAL CREDIT APPLICATION

PLEASE PRINT CLEARLY IN BLOCK LETTERS

Application by

_____ herein referred to as "the Customer"

to enter into an agreement of trade with

Masande Trading cc 2007/034389/23

_____ herein referred to as "the Supplier"

I/We hereby wish to make application for credit facilities. In support of the application the following particulars are supplied:

BUSINESS CONTACT INFORMATION

FULL REGISTERED NAME OF BUSINESS: _____

TRADING NAME (IF NOT AS ABOVE): _____

HOLDING COMPANY (IF APPLICABLE): _____

COMPANY REGISTRATION NUMBER: _____

VAT REGISTRATION NUMBER (PLEASE ATTACH COPY): _____

PREVIOUS TRADING/ REGISTERED NAMES: _____

TYPE OF BUSINESS: _____ DATE OF COMMENCEMENT OF BUSINESS: _____

REGISTERED COMPANY ADDRESS: _____

CITY: _____ CODE: _____

POSTAL ADDRESS: _____ CODE: _____

DELIVERY ADDRESS (IF NOT THE SAME AS REGISTERED ADDRESS) _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____ E-MAIL: _____

NAME OF PERSON RESPONSIBLE FOR PLACING ORDERS: _____

POSITION: _____ TELEPHONE NUMBER: _____

PERSON RESPONSIBLE FOR PAYING ACCOUNTS: _____

POSITION: _____ TELEPHONE NUMBER: _____

ARE CUSTOMER'S ORDER NUMBERS REQUIRED: _____

GENERAL INFORMATION

ARE THE BUSINESS PREMISES OWNED BY THE CUSTOMER? (MARK WITH A X): _____ RENTED? _____ LEASED? _____

IF RENTED OR LEASED, PLEASE FURNISH THE FOLLOWING DETAILS OF THE LANDLORD:

NAME: _____

POSTAL ADDRESS: _____

TOWN/ CITY: _____ POSTAL CODE: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

CREDIT AND BANKING INFORMATION

ACCOUNTS ARE PAID BY(MARK WITH A X) : CHEQUE _____ ELECTRONIC FUNDS TRANSFER _____ OR OTHER MEANS _____

MAXIMUM CREDIT REQUIRED: PER MONTH R _____ CREDIT LIMIT: _____

NAME THAT APPEARS ON YOUR BANK ACCOUNT: _____

BANK NAME: _____ ACCOUNT NUMBER: _____

BANK CODE: _____ EFT CODE: _____

HAS THE BUSINESS OR ANY OF IT'S PRINCIPALS HAD ANY JUDGEMENT AGAINST THEM? _____ IF YES LIST SEPERATELY.

HAS THE BUSINESS OR ANY OF IT'S PRINCIPALS BEEN LIQUIDATED OR SEQUESTERED? _____ IF YES LIST SEPERATELY.

HAVE MORATORIUMS OR OFFERS OF COMPROMISE EVER BEEN MADE TO ANY CREDITORS? _____ IF YES LIST SEPERATELY.

PLEASE LIST ALL FACTORING, SECURITIES, SURETIES, CESSION OF DEBTORS, MORATORIUMS, NOTARIAL BONDS AND PERSONAL GUARANTEES SEPERATELY.

PLEASE LIST SECURITIES OFFERED TO SUPPORT THIS CREDIT APPLICATION: _____

AUDITOR, ACCOUNTING OFFICER OR ACCOUNTANT DETAILS

NAME: _____ TELEPHONE NUMBER: _____ FAX NUMBER: _____

ADDRESS: _____

ARE AUDITED FINANCIAL STATEMENTS AVAILABLE? (MARK WITH A X) YES _____ NO _____

TRADE REFERENCES

(TO BE SUPPLIERS OF GOODS AND SERVICE EXCLUDING CONTRACTS, RENTALS, LEASES ETC, FOR A MINIMUM OF SIX MONTHS)

1. COMPANY NAME: _____ TELEPHONE NUMBER: _____

AVERAGE MONTHLY PURCHASES: R _____ TERMS: _____ CREDIT LIMIT: _____

2. COMPANY NAME: _____ TELEPHONE NUMBER: _____

AVERAGE MONTHLY PURCHASES: R _____ TERMS: _____ CREDIT LIMIT: _____

3. COMPANY NAME: _____ TELEPHONE NUMBER: _____

AVERAGE MONTHLY PURCHASES: R _____ TERMS: _____ CREDIT LIMIT: _____

FULL DETAILS OF DIRECTORS / MEMBERS / SHAREHOLDERS / PROPRIETORS / TRUSTEES

1. FULL NAME: _____ ID NUMBER: _____

RESIDENTIAL ADDRESS: _____

_____ CODE: _____ % SHAREHOLDING / INTEREST: _____

2. FULL NAME: _____ ID NUMBER: _____

RESIDENTIAL ADDRESS: _____

_____ CODE: _____ % SHAREHOLDING / INTEREST: _____

3. FULL NAME: _____ ID NUMBER: _____

RESIDENTIAL ADDRESS: _____

_____ CODE: _____ % SHAREHOLDING / INTEREST: _____

4. FULL NAME: _____ ID NUMBER: _____

RESIDENTIAL ADDRESS: _____

_____ CODE: _____ % SHAREHOLDING / INTEREST: _____

5. FULL NAME: _____ ID NUMBER: _____

RESIDENTIAL ADDRESS: _____

_____ CODE: _____ % SHAREHOLDING / INTEREST: _____

