



COMPANY REG NO: 2015/437250/07 | VAT REG NO: 4200274050

## ACCOUNT APPLICATION FORM

### SECTION A

1. Please mark with "X" the relevant legal entity under which you will operate the account:

|                                   |  |                                |
|-----------------------------------|--|--------------------------------|
| PRIVATE INDIVIDUAL PERSON / TRUST |  | COMPLETE SECTIONS A,B,E, AND F |
| SOLE PROPRIETOR                   |  | COMPLETE SECTIONS A,B,C, AND E |
| PARTNERSHIP / JOINT VENTURE       |  | COMPLETE SECTIONS A,C AND E    |
| REGISTERED COMPANY                |  | COMPLETE SECTIONS A, D AND E   |
| CLOSE CORPORATION                 |  | COMPLETE SECTIONS A,D AND E    |

2. The account shall be operated in the name of (FULL LEGAL NAME)

3. Postal Address


4. Residential Address / Principal Address where business I located


5. Telephone Numbers & Fax number and Email address

|              |
|--------------|
| TEL:         |
| FAX:         |
| EMAIL:       |
| CELL NUMBER: |

6. Address to which correspondence / statements should be mailed (or email address)


7. BANKERS

|                            |  |
|----------------------------|--|
| NAME                       |  |
| BRANCH                     |  |
| BRANCH NUMBER              |  |
| ACCOUNT NUMBER             |  |
| ACCOUNT NAME / DESCRIPTION |  |
| DATE ACCOUNT WAS OPENED    |  |



27 Pomona Road, Kempton Park, Johannesburg, 1619, South Africa  
 Email: info@elolam-manufacturing.com Website: www.elolam-manufacturing.com

MEMBERS: N FLYNN

## 8. TRADE REFERENCES

| NAME OF INSTITUTION | CONTACT NUMBER |
|---------------------|----------------|
|                     |                |
|                     |                |
|                     |                |
|                     |                |
|                     |                |

## 9. DETAILS OF FIXED PROPERTY OWNED

| ADDRESS | STAND NO.<br>AND<br>TOWNSHIP | ESTIMATED<br>VALUE | BOND VALUE | BOND HOLDER | IN WHOSE NAME<br>IS THE PROPERTY<br>REGISTERED |
|---------|------------------------------|--------------------|------------|-------------|--|
|         |                              |                    |            |             |  |
|         |                              |                    |            |             |  |
|         |                              |                    |            |             |  |
|         |                              |                    |            |             |  |

## 10. LATEST BALANCE SHEET ATTACHED

|               |     |  |    |  |
|---------------|-----|--|----|--|
| Mark with "X" | YES |  | NO |  |
|---------------|-----|--|----|--|

**SECTION B – PRIVATE INDIVIDUAL / TRUSTEE**

## 1. IDENTITY NUMBER

## 2. PLEASE MARK APPROPRIATE BLOCK

|        |  |             |  |
|--------|--|-------------|--|
| MALE   |  | MARRIED     |  |
| FEMALE |  | NOT MARRIED |  |

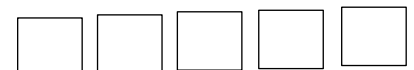
## 3. If you are married, please mark with (X) in the appropriate box

| TYPE OF MARRIAGE                     | DATE MARRIED |
|--------------------------------------|--------------|
| In Community of Property             |              |
| Antenuptial Contract with Accrual    |              |
| Antenuptial Contract without Accrual |              |

## 4. Full Name of Spouse / Second Trustee

## 5. Identity Number

|                       | APPLICANT | SPOUSE / SECOND TRUSTEE |
|-----------------------|-----------|-------------------------|
| (a) Occupation        |           |                         |
| (b) Name of Employer  |           |                         |
| (c) Employers Address |           |                         |
|                       |           |                         |
| (d) Salary            | R p/month | R p/month               |
| (e) Other Income      | R p/month | R p/month               |



**SECTION C – PARTNERSHIP / SOLE PROPRIETOR / JOINT VENTURE**

1. Date of commencement of business

|  |
|--|
|  |
|--|

2. Name of Business

|  |
|--|
|  |
|  |

| Full names of proprietor / Partners | Identity Number | Address | Telephone number |
|-------------------------------------|-----------------|---------|------------------|
|                                     |                 |         |                  |
|                                     |                 |         |                  |
|                                     |                 |         |                  |
|                                     |                 |         |                  |
|                                     |                 |         |                  |

3. Are you now, or have you been in any other employment or Business?

| Your Name | Name of other Employer / Business | Address of Employer of other Business |
|-----------|-----------------------------------|---------------------------------------|
|           |                                   |                                       |
|           |                                   |                                       |
|           |                                   |                                       |
|           |                                   |                                       |

4. Who represents the firm in making this application?

| Full Name | Capacity |
|-----------|----------|
|           |          |

**SECTION D – REGISTERED COMPANY OR CLOSE CORPORATION**

1. Registered Office Address

|  |
|--|
|  |
|  |
|  |

2. Head Office Address

|  |
|--|
|  |
|  |
|  |

3. Company's / Corporation's Registration

|             |
|-------------|
| Number:     |
| VAT Reg No. |
| Date:       |

4. If a subsidiary company, please state name of holding company

|  |
|--|
|  |
|  |
|  |



5. Does the Company / corporation trade under any other name(s)?

| MARK WITH (X)       | YES | NO |  |
|---------------------|-----|----|--|
| <b>Trading Name</b> |     |    |  |
|                     |     |    |  |
|                     |     |    |  |
|                     |     |    |  |
|                     |     |    |  |

6. Who is the Auditors / Accountants of the Company / Corporation?

| Name | Address | Contact Details |
|------|---------|-----------------|
|      |         |                 |
|      |         |                 |
|      |         |                 |

7. Who are the Directors of the Company / Members of the Corporation?

| Full Names | Identity Number | % shareholding of Co./CC | Private Address | Telephone Number |
|------------|-----------------|--------------------------|-----------------|------------------|
|            |                 |                          |                 |                  |
|            |                 |                          |                 |                  |
|            |                 |                          |                 |                  |

8. Who represents the Company / corporation in making this application?

| Full names of Director / Member / Officer | Capacity | Contact Details |
|---|----------|-----------------|
|   |          |                 |
|   |          |                 |
|   |          |                 |

9. Who is the official Company Secretary / Public Officer?

| Full Names | Address | Telephone Number |
|------------|---------|------------------|
|            |         |                  |
|            |         |                  |
|            |         |                  |

### **RESOLUTION AUTHORIZING APPLICATION FOR CREDIT FACILITIES**

Extract of minutes of meeting of the Directors / Members / Committee of the Applicant held at \_\_\_\_\_ ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_

RESOLVED: "That the Applicant enters into an Agreement with the Company, for the purchasing of Goods/ Services upon such terms and conditions as are usually applicable to Purchasing Agreements and as may be agreed upon."

That \_\_\_\_\_ in his / her capacity as \_\_\_\_\_ of the Applicant be and is hereby authorized to sign, endorse and execute all documents for and on behalf of the Applicant to give effect to this Resolution. (Certified a true copy of the original resolution)

AUTHORISED BY: Signature \_\_\_\_\_ Dated \_\_\_\_\_  
 Full Name \_\_\_\_\_  
 Capacity \_\_\_\_\_



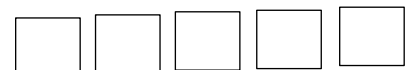
**TERMS AND CONDITIONS OF SURETYSHIP**

1. I/We the surety in terms of this agreement bind myself/ourselves jointly and severally as surety and co-principal debtor in solidum for all amounts which are now or might in the future become payable by the Applicant to the Company in terms of this agreement or to its cessionary in the event of cession, arising out of or incidental to the agreement, to its breach or to its termination for any reason whatsoever.
2. I/We renounce the benefits of excursion and division, the nature and extent of which I/we acknowledge myself/ourselves to be aware.
3. No extension of time or indulgence that may be granted to the applicant at any time, nor any release of any other security or suretyship given in connection with the agreement shall in any way attach or value my/our liability hereunder.
4. I/We consent to the jurisdiction of the Magistrate's court provided the Company shall be entitled to institute action in any other court.
5. I/We agree to make payment of any legal costs that may be awarded against me/us on an attorney and client scale.
6. I/We choose as my/our domicillium citandi et executandi, for all purposes arising out of this suretyship, the address set out in the suretyship section.
7. I/We indemnify and hold the Company harmless against any claim arising out of or incidentals to the agreement, to its breach or its termination for any reason whatsoever
8. I/We warrant ad represent that I/We have received and will continue to receive adequate value for the granting of this suretyship.

I/We the undersigned do hereby bind myself/ourselves as surety/ies and co-principal debtor/s in accordance with the suretyship terms and conditions set out above.

THIS DONE AND SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

|                          |  |
|--------------------------|--|
| 1. FULL NAME             |  |
| ADDRESS (STREET ADDRESS) |  |
|                          |  |
| IDENTITY NUMBER          |  |
| SIGNATURE                |  |
| 2. FULL NAME             |  |
| ADDRESS (STREET ADDRESS) |  |
|                          |  |
| IDENTITY NUMBER          |  |
| SIGNATURE                |  |
| 3. FULL NAME             |  |
| ADDRESS (STREET ADDRESS) |  |
|                          |  |
| IDENTITY NUMBER          |  |
| SIGNATURE                |  |
| 4. FULL NAME             |  |
| ADDRESS (STREET ADDRESS) |  |
|                          |  |
| IDENTITY NUMBER          |  |
| SIGNATURE                |  |



**SECTION E**

(To be completed by all Applicants)

1. WORK IN PROGRESS AS AT: (Date)

|  |
|--|
|  |
|--|

a) Employer \_\_\_\_\_

Position (please circle)    Main contractor                      Subcontractor to Main                      Sub to Sub

Contract Description

|  |
|--|
|  |
|  |
|  |
|  |
|  |

Contract Value

|  |
|--|
|  |
|--|

Balance of Contract

|  |
|--|
|  |
|--|

Copy of Letter of Appointment

|  |
|--|
|  |
|--|

b) Employer \_\_\_\_\_

Position (please circle)    Main contractor                      Subcontractor to Main                      Sub to Sub

Contract Description

|  |
|--|
|  |
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|  |
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|  |

Contract Value

|  |
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|--|

Balance of Contract

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|--|
|  |
|--|

Copy of Letter of Appointment

|  |
|--|
|  |
|--|

c) Employer \_\_\_\_\_

Position (please circle)    Main contractor                      Subcontractor to Main                      Sub to Sub

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

Contract Description

|  |
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Contract Value

|  |
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Balance of Contract

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Copy of Letter of Appointment

|  |
|--|
|  |
|--|

2. Credit limit applied for

My/Our anticipated Monthly Purchases would range between R\_\_\_\_\_

|            |       |             |       |
|------------|-------|-------------|-------|
| Lowest – R | _____ | Highest - R | _____ |
|------------|-------|-------------|-------|

I/We undertake to pay my/our account thirty (30) days from date of Invoice which will be sent to my/our email address as stated in Section A

Preferred payment method: \_\_\_\_\_

I/WE HAVE READ AND UNDERSTOOD AND HEREBY ACCEPT AND AGREE TO THE STANDARD CONDITIONS APPLICABLE TO EITHER THE SUPPLY OF GOODS AND/OR THE SUPPLY OF SERVICES IN ADDITION TO THE FOLLOWING CONDITIONS

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

**SECTION F**

(To be signed by the nominated trustees – ALL TRUSTEES)

I/We \_\_\_\_\_ (Print Name)  
 I/We \_\_\_\_\_ (Print Name)  
 I/We \_\_\_\_\_ (Print Name)  
 I/We \_\_\_\_\_ (Print Name)  
 I/We \_\_\_\_\_ (Print Name)

And the undersigned in my / our capacity as \_\_\_\_\_ (Trustees) do hereby 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 authorized in doing so. I / We undertake to pay the account balance as presented by the account grantor within thirty (30) days from date of invoice. I / We furthermore accept that all transactions are undertaken by the Account Granter are strictly and exclusively subject to the account grantors standard terms and Conditions.

SIGNED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

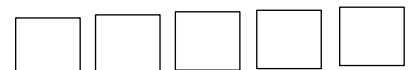
**WITNESSES:**

|    |    |   |
|----|----|---|
| 1. | 2. | Signed for and on behalf of the Account applicant being duly authorized thereto |
| 1. | 2. | Signed for and on behalf of the Account applicant being duly authorized thereto |
| 1. | 2. | Signed for and on behalf of the Account applicant being duly authorized thereto |
| 1. | 2. | Signed for and on behalf of the Account applicant being duly authorized thereto |

**SECTION G****RETURNABLE DOCUMENTS – FOR ALL APPLICANTS**

Kindly provide the following documents along with the completed application form:

| <b>Document Description</b>             | <b>Check</b> |
|---|--------------|
| Company Registration Certificate        |              |
| SARS Tax Clearance Certificate          |              |
| Letter of Good Standing                 |              |
| B-BBEE Certificate                      |              |
| Copy of Members/Directors ID Document/s |              |
| Latest Financial Statement              |              |





**CREDIT ASSESSMENT FORM**

(FOR OFFICE USE ONLY)

|                |
|----------------|
| APPLICANT NAME |
| MOTIVATION     |
|                |

**TRADE REFERENCES**

|                          |  |  |  |
|--------------------------|--|--|--|
| Name of Company          |  |  |  |
| Credit Extended          |  |  |  |
| Payment Terms            |  |  |  |
| Terms Taken              |  |  |  |
| RD Cheque                |  |  |  |
| Period Account Operating |  |  |  |
| Comment                  |  |  |  |

**EXPOSURE  
(FOR OFFICE USE ONLY)**

| Current Exposure |            |              |                    |                |             |
|------------------|------------|--------------|--------------------|----------------|-------------|
| Acc Number       | Job Number | Credit Limit | Outstanding Amount | Overdue Amount | Date Opened |
|                  |            |              |                    |                |             |
|                  |            |              |                    |                |             |
| Future Exposure  |            |              |                    |                |             |
| Acc Number       | Job Number | Credit Limit | Outstanding Amount | Overdue Amount | Date Opened |
|                  |            |              |                    |                |             |
|                  |            |              |                    |                |             |

|                             |   |  |
|-----------------------------|---|--|
| CREDIT FACILITY APPLIED FOR | R |  |
|-----------------------------|---|--|

| APPROVED BY                | DATE | FULL NAMES | SIGNATURE |
|----------------------------|------|------------|-----------|
| DEBTORS                    |      |            |           |
| SALES MANAGER              |      |            |           |
| ADMIN MANAGER / PA         |      |            |           |
| SALES / FINANCIAL DIRECTOR |      |            |           |
| TECHNICAL DIRECTOR         |      |            |           |

