



**ELOLAM MANUFACTURING (Pty) Ltd**  
 Physical Address:  
 Aviation Park, 18 Pomona Road,  
 Pomona AH, Kempton Park,  
 Johannesburg, 1619, South Africa

**Office Telephone:**  
 +27 (0) 82 668 7963 / +27 (0) 78 699 7343

## 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 is 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	

8. TRADE REFERENCES

NAME OF INSTITUTION	CONTACT NUMBER



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

MEMBERS: N FLYNN

## 9. DETAILS OF FIXED PROPERTY OWNED

ADDRESS	STAND NO. AND TOWNSHIP	ESTIMATED VALUE	BOND VALUE	BOND HOLDER	IN WHOSE NAME IS THE PROPERTY 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	
Trading Name	Address		Nature of Business

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

- 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 assignee in the event of cession, arising out of or incidental to the agreement, to its breach or to its termination for any reason whatsoever.
  - I/We renounce the benefits of excursion and division, the nature and extent of which I/we acknowledge myself/ourselves to be aware.
  - 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.
  - I/We consent to the jurisdiction of the Magistrate's court provided the Company shall be entitled to institute action in any other court.
  - I/We agree to make payment of any legal costs that may be awarded against me/us on an attorney and client scale.
  - 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.
  - 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
  - I/We warrant and 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

--	--	--	--	--

Four empty rectangular boxes stacked vertically.

Contract Value

Empty rectangular box for Contract Value.

Balance of Contract

Empty rectangular box for Balance of Contract.

Copy of Letter of Appointment

Empty rectangular box for Copy of Letter of Appointment.

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

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

Contract Description

Five empty rectangular boxes stacked vertically for Contract Description.

Contract Value

Empty rectangular box for Contract Value.

Balance of Contract

Empty rectangular box for Balance of Contract.

Copy of Letter of Appointment

Empty rectangular box for Copy of Letter of Appointment.

2. Credit limit applied for

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

Table with two columns: 'Lowest - R' and 'Highest - R'. Both cells are empty.

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 FOLOWING CONDITIONS

Five empty square boxes arranged horizontally.

**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:

Document Description	Check
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			

