

**Section A: Registration Information**

Co		CC		Partnership		Trust		Other	
If Trust, no.Trustees		<input type="checkbox"/>		Any Trustee a juristic person?		<input type="checkbox"/>		Yes No <input type="checkbox"/>	
% Black owned		<input type="checkbox"/>		Co/CC /Trust Registration Number:					
Co / CC / Trust Registered Name									
Trading Name (if applicable)									
IncomeTax No:					Vat No:				
Holding Company name :									
Authorised Contact Person:									
Registered Address:					Business Tel No:				
					Business Fax No:				
Suburb:			Postal Code:			Cell No:			
Business Address: (if different from Registered Address)					Email address:				
					Web Address:				
Suburb:			Postal Code:						
Postal Address:					Country of Incorporation:				
Suburb:			Postal Code:			Country of Operation:			

**Section B: Legal Relationships**

**Shareholders/Members :** To be completed for shareholders/members holding 10% or more of the voting rights of the company  
 Where a Trust is a shareholder, details of all the trustees, beneficiaries as well as founder of trust must be provided.

Entity/Individual Name	% Share	Address	How Married	ID/Registration No.

**Members/Directors/Trustees:**

Full Names	Address	ID/Passport No.

**Authorised Signatories:**

Full Names	Capacity	ID/Passport No.

**Manager :** any natural person who is the principal executive officer (CEO/CFO/MD) of the company by whatever name he/she is designated, whether as a director or not

Full Names	Contact No	ID/Passport No.

**Ultimate Beneficial Owners (UBO)** : Beneficial owner refers to the natural person(s) who ultimately owns controls a company. It also includes those persons who exercise ultimate effective control over a legal person or arrangement. There can be more than one UBO for an entity.

Full Names	Address			ID/Passort

**NB** : We require verification of UBO stated above, examples of verification: Company Organogram, confirmation in writing by the Company Secretary, Internal or External Auditor/Accountant

Is Company Organogram attached? Yes  No

### Section C : Banking Details

Name of Business Bank:
Bank Account No:
Overdraft Limit amount:

### Section D: Other Financiers

Name	In Favour of	Facility Type	Amount

How are these facilities secured?

#### Cession of Debtors (if applicable)

In Favour of	Date Signed

#### Notarial Bonds (if applicable)

In Favour of	General/Special	Date Registered		Amount

#### If Instalment Credit please specify

Finance House	Asset Description	Balance Outstanding	Instalment Amount	Account no

### Section E: Landlord

Premises where goods are kept	
Landlords details of premises where goods to be kept	
Contact Person	Telephone no:
Postal Address	Email :
	Fax no:

### Section F: Insurance

Insurance Broker/Co	Underwriter
Policy No	Email
Contact Person	Telephone no
Postal Address	Fax no

**Section G: Auditors**

Auditors/Account Name			
Contact		Email:	
Postal Address			
Telephone No		Fax	
Financial Year End of Business			

**Section H: Trade References (Client's Major Supplier/Creditors/Trade Reference)**

Company	Contact	Telephone No

**Section I: Property Details**

Property Address & Erf No.	Registered Owner	Property Value	Bond Amou.			Bond Holder

**Section J: FICA/Product Client Requirements**

<b>Sources of Income/Funds</b> (select appropriate block)			
Company Profits/General business dealings	<input type="checkbox"/>	Company sale or sale of interest in company	<input type="checkbox"/>
New Investment/Capital	<input type="checkbox"/>	Rental Income	<input type="checkbox"/>
If other Specify:			
<b>Sources of contribution</b> (How did you accumulate the funds to start the business) (select appropriate block)			
Private Capital Raised	<input type="checkbox"/>	Public Capital Raised	<input type="checkbox"/>
Company Profit	<input type="checkbox"/>	Sale of Asset/Property	<input type="checkbox"/>
Inheritance	<input type="checkbox"/>	Company sale or sale of interest in Co	<input type="checkbox"/>
Loan	<input type="checkbox"/>	Savings	<input type="checkbox"/>
Gift/Donation	<input type="checkbox"/>	Maturing Investment	<input type="checkbox"/>
New Investment Capital	<input type="checkbox"/>	Pension	<input type="checkbox"/>
Sale of Shares	<input type="checkbox"/>	Court Order	<input type="checkbox"/>
If other specify:			
<b>Nature of Business</b> (select the primary industry or business activity) (select appropriate block)			
Acriculture,forestry, hunting anf fishing	<input type="checkbox"/>	Construction and civil Engingeering	<input type="checkbox"/>
Financial intermediary, insurance and non-property investing	<input type="checkbox"/>	Education	<input type="checkbox"/>
	<input type="checkbox"/>	Hotels, restaurants and bars	<input type="checkbox"/>
Broadcasting, entrtaimeent, recreational, cultural and sporting	<input type="checkbox"/>	Retailers and wholesalers	<input type="checkbox"/>
	<input type="checkbox"/>	Technology and telecommunication	<input type="checkbox"/>
Manufacturing	<input type="checkbox"/>	Electricity, gas and water supply(utilities)	<input type="checkbox"/>
Medical, dental and hospital activities	<input type="checkbox"/>	Import and export services	<input type="checkbox"/>
Resources and Mining	<input type="checkbox"/>		
Business and professional services	<input type="checkbox"/>		
Transport, Storage and Postal	<input type="checkbox"/>		
Describe the primary product / service / commodity of your business activity			

**Purpose of facility**Additional Replacement **Asset Finance**

What is the expected transactional Volume (per month)

No:

What is the expected transactional Value (per month)

R

**Section K: Asset Finance Requirements**

Description of Asset/s			
Name of Supplier	Delivery Date		
Purchase Price (inc. Vat)	Term	Vat back month	
Deposit	Deposit %		

**Section H : Proposed Collateral**

Type of Security	Details of security provider (Name/ID/Registration No)	Percentage	Amount

**SECTION L: Marketing Declaration****We would like to receive marketing information via:**Email: SMS Mail 

I / We the undersigned hereby authorise this Credit Provider to contact my / our Bankers and / or auditors and I / we authorise my / our bankers / auditors to disclose to this Credit Provider, details and copies of my / our accounts and financial statements.

I / We the undersigned hereby consent to this Credit Provider making enquiries regarding my / our credit history with any credit bureau.

The Bankers / Auditors may disclose confidential information regarding my / our accounts and financial position to this Credit Provider and provide them with copies of my / our financial statements.

I / We do not have applications pending for credit, nor open quotations as envisaged in section 92 of the National Credit Act.

I / We confirm herewith that I / we are duly authorised to consent to the above.

I / We consent to the bank making enquiries about my credit record with credit reference agencies for the purposes of assessing this credit application or updating my information in future. I also consent to the bank sharing information with such agencies about how I manage this loan agreement, who may in turn share this information with other credit providers.

I / We consent to identity and fraud prevention checks and sharing of information relating to this application through the South

African Fraud Prevention Service

<b>Full Name</b>		<b>Signature</b>	
<b>Date</b>		<b>Capacity</b>	
<i>Route Quest (Pty) Ltd (Reg. No. 1966/007740/07) Authorised financial services provider. (FSB License Nr. 28759) Page 4 of</i>			