

Application and contact information

Legal form:

Full name of legal entity:

Trading name:

Registration no: Income Tax No:

VAT registration no: PAYE no:

Business address:

Postal code

Postal address of the business: Same as business address

Postal code

Telephone no: Cell:

Fax no: E-mail address:

Contact person: Designation:

Registered address:

Postal code

Equipment to be financed (Please attach Quotes/Pro Forma Inv's or Invoices)

Description of goods:

New Used Brand name:

Official supplier Yes No

Local supplier: Established:

Foreign supplier: Payment Option: Advance Arrears

Equipment to be financed (Please attach Quotes/Pro Forma Inv's or Invoices) (continued)

Do you require an Import Facility? Yes No Date Payable:

Do you have a clearing agent? Yes No

Service agreement: Yes No Details:

Cash price: R Period: months

Type of Finance: Rental Lease Instalment Sale Deposit: R

Repurchase undertaking from supplier? Yes No Details, if yes:

Sureties offered:

Other sureties offered:

Management – General background and information (brief CV where applicable) on previous working history with reference to businesses worked for, length of service and responsibilities, list dates, company name and job function. Also specifically note the Financial Management and their experience.

1.

Name:

Responsibilities: Qualifications

Date Joined: % Held

2.

Name:

Responsibilities: Qualifications

Date Joined: % Held

3.

Name:

Responsibilities: Qualifications

Date Joined: % Held

Management – General background and information (brief CV where applicable) on previous working history with reference to businesses worked for, length of service and responsibilities, list dates, company name and job function. Also specifically note the Financial Management and their experience. (continued)

4.

Name:

Responsibilities: Qualifications

Date Joined: % Held

Is there succession planning in place? Yes No Details, if yes:

Particulars of Owners/Members/Partners/Shareholders/Directors (Refer to Annexure)

1.

Name of person:

Marital status (ANC/COP): Date of Marriage

Address:
 Postal code

ID Number:

Capacity (Member/Director) % Held

2.

Name of person:

Marital status (ANC/COP): Date of Marriage

Address:
 Postal code

ID Number:

Capacity (Member/Director) % Held

Particulars of Owners/Members/Partners/Shareholders/Directors (Refer to Annexure)

3.

Name of person:

Marital status (ANC/COP): Date of Marriage

Address:

Postal code

ID Number:

Capacity (Member/Director) % Held

4.

Name of person:

Marital status (ANC/COP): Date of Marriage

Address:

Postal code

ID Number:

Capacity (Member/Director) % Held

5.

Name of person:

Marital status (ANC/COP): Date of Marriage

Address:

Postal code

ID Number:

Capacity (Member/Director) % Held

Billing

Name of person:

Contact number: Email address:

Signatory/ies Contact Details

1.
Name of person:
Cellphone number: Email address:

2.
Name of person:
Cellphone number: Email address:

3.
Name of person:
Cellphone number: Email address:

4.
Name of person:
Cellphone number: Email address:

5.
Name of person:
Cellphone number: Email address:

Nature of Business (Product Details, Manufacturing Process, Distribution Methods):

Source of Income (Mandatory):

Source of Income (Mandatory):

<input type="checkbox"/> Salaried Income	<input type="checkbox"/> Investments	<input type="checkbox"/> Financial Services	<input type="checkbox"/> Rental	<input type="checkbox"/> Income
<input type="checkbox"/> Commission	<input type="checkbox"/> Membership Fees	<input type="checkbox"/> Trade Income – Sales	<input type="checkbox"/> Trade Income – Services	<input type="checkbox"/> Trade Finance
<input type="checkbox"/> Other: (Please specify)	<input type="text"/>			

History of Business:

How long has the business been in operation: Years Months

Number of Employees: Office Staff Labourers

Seasonality/Shutdowns:

BEE Status (Please attach latest certificate)

Give a brief history:

Landlord Details:

Owner: Contact Person:

Telephone no: Cell:

Fax no: E-mail address:

Auditors:

Company: Contact Person:

Telephone no: Cell:

Fax no: E-mail address:

Insurers*

Name of Insurance Company/Self Insured:

Policy No:

Postal address:

Postal code

Insurers* (continued)

Contact person:

Telephone no: Cell:

Fax no: E-mail address:

If Self Insured, provide details:

***Remember that fully comprehensive Short-Term Insurance is compulsory in terms of funding. Would you like Sasfin to arrange for a quotation:** Yes No

Commercial Banking Information (Please attach a copy of your latest facility letter)

Bank: Branch:

Branch code: Account no:

Manager/Contact at Bank: Telephone no:

Email: Overdraft Limit: R

Security held by the Bank: Cession of Book Debt? Yes No

Other:

Other Borrowings/Financial Arrangements:

1.

Institution/ Company/ Individual:

Type of Facility:

Security: Period:

Instalment: Balance:

Other Borrowings/Financial Arrangements:

2.

Institution/
Company/
Individual:

Type of Facility:

Security: Period:

Instalment: Balance:

3.

Institution/
Company/
Individual:

Type of Facility:

Security: Period:

Instalment: Balance:

4.

Institution/
Company/
Individual:

Type of Facility:

Security: Period:

Instalment: Balance:

5.

Institution/
Company/
Individual:

Type of Facility:

Security: Period:

Instalment: Balance:

Suppliers (List major trade suppliers and attach the latest creditors age analysis)

1.

Name:	<input type="text"/>	Trade credit limit:	<input type="text"/>
Terms:	<input type="text"/>	Average monthly purchases:	<input type="text"/>
Security held:	<input type="text"/>	Tel no:	<input type="text"/>

2.

Name:	<input type="text"/>	Trade credit limit:	<input type="text"/>
Terms:	<input type="text"/>	Average monthly purchases:	<input type="text"/>
Security held:	<input type="text"/>	Tel no:	<input type="text"/>

3.

Name:	<input type="text"/>	Trade credit limit:	<input type="text"/>
Terms:	<input type="text"/>	Average monthly purchases:	<input type="text"/>
Security held:	<input type="text"/>	Tel no:	<input type="text"/>

4.

Name:	<input type="text"/>	Trade credit limit:	<input type="text"/>
Terms:	<input type="text"/>	Average monthly purchases:	<input type="text"/>
Security held:	<input type="text"/>	Tel no:	<input type="text"/>

5.

Name:	<input type="text"/>	Trade credit limit:	<input type="text"/>
Terms:	<input type="text"/>	Average monthly purchases:	<input type="text"/>
Security held:	<input type="text"/>	Tel no:	<input type="text"/>

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 you cessionary/ies by any director, shareholder, member and/or associate of the applicant by virtue of this consent.

Marketing Consent

I/We consent to Sasfin Bank providing personal details to its cessionary/ies, subsidiaries and associated entities and other departments for purposes of marketing and referring potential business opportunities from and by its cessionary/ies, subsidiaries and associated entities as well as for credit assessment purposes.

Financial Intelligence Centre Acts (FICA)

All accountable institutions are required to identify their clients as required by the Financial Intelligence Centre Act No1 of 2017. We therefore consent to you carrying out identity and fraud prevention checks and sharing information as required.

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 of 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 order or pending applications for liquidation or threatened against the Applicant or its directors/shareholders.

Annual Turnover

I/We warrant that the Annual Turnover and/or Net Asset Value is true and correct and acknowledge that Sasfin Bank Ltd has relied on such warranty in determining the legal framework of the facility.

Protection of Personal Information Act

In accordance with the Protection of Personal Information Act 4 of 2013 ("POPI"), Sunlyn Proprietary Limited ("Sunlyn") requires the consent of the Customer to process all personal information as defined within POPI ("Personal Information").

In order to fulfil the obligations of the above-mentioned agreement, the Customer, by its signature hereto expressly consents and agrees that Sunlyn and/or its cessionary/ies may:

- make enquiries to confirm and verify any Personal Information provided by the Customer ;
- generally make whatever enquiries Sunlyn deems necessary from any source whatsoever;
- seek Personal Information relating to the Customer from any credit bureau;
- process your Personal Information for purposes of providing the services provided in terms of the agreement;
- process and disclose the Customer 's Personal Information for purposes of the prevention, detection and reporting of fraud and criminal activities, the identification of the proceeds of unlawful activities and the combating of money laundering activities;
- process and report on the Customer 's Personal Information to comply with an obligation imposed by any applicable laws;
- utilise automated decision processes to facilitate the generation of credit score cards for the purposes of determining the creditworthiness of the Customer and retain and utilise records of information pertinent to the Customer 's ongoing creditworthiness; and
- provide the Customer 's personal information to Sunlyn's subsidiaries and associated entities for purposes of marketing and referring potential business opportunities within Sunlyn's associated group of companies.

Customer has the right to access the Customer's Personal Information held by Sunlyn. We shall grant you such access during office hours within a reasonable time after receiving a written request for access.

Duly authorised hereto

Date

Name:

Capacity:

For and on
behalf of:

The following documentation is required together with this application:

- 1. Certified copy of ID documents of shareholders/directors/members
- 2. Certified copy of statutory documents (Certificate of Incorporation, Memorandum and Articles of Association (Companies), Founding Statement (Close Corporations), Organogram, Copy of Shareholders Certificate/ or Letter from the Auditor confirming Shareholding
- 3. Tax Clearance Certificate and latest Vat forms
- 4. Audited Financial Statements not more than 12 months old
- 5. Up-to-date management accounts
- 6. Budget and cash flow projections
- 7. Signed personal statement of assets and liabilities of shareholders
- 8. Copy of sales literature/brochure
- 9. Equipment Schedule
- 10. Any contracts/orders/work on hand

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

Annexure to Related Parties

1.

Surname Title Initials

Full names (as per ID)

ID/Passport no: Date of birth:

Gender: Male Female Nationality:

Country of residence: Date of birth:

Telephone no: Cell:

E-mail address: Occupation/ Role in the business

Residential address:

Postal code

2.

Surname Title Initials

Full names (as per ID)

ID/Passport no: Date of birth:

Gender: Male Female Nationality:

Country of residence: Date of birth:

Telephone no: Cell:

E-mail address: Occupation/ Role in the business

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Annexure to Related Parties

3.

Surname Title Initials

Full names (as per ID)

ID/Passport no: Date of birth:

Gender: Male Female Nationality:

Country of residence: Date of birth:

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4.

Surname Title Initials

Full names (as per ID)

ID/Passport no: Date of birth:

Gender: Male Female Nationality:

Country of residence: Date of birth:

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