

Dear Client

We thank you for your interest in becoming one of our valued customers.

Enclosed herewith find our application for credit facilities incorporating our standard terms and conditions.

Please note that your application can only be processed once we received the signed and completed Credit Applications as well as the documentation requested herein.

In considering your application and to avoid any delays we kindly request that you note the following:

1. The application must be completed in full.
2. The information in the application and supporting documentation requested herein is critical to processing your application promptly.
3. Initial each page and sign in full were indicated.
4. The credit application must be signed by the owner / partner / member / director or authorised representative as per board resolution.

The following documents must accompany your application:

1. Copy of certificate of incorporation/ registration
2. Copy of VAT Registration Certificate
3. ID documents of owner(s)/member(s)
4. Bank letter not older than 3 months
5. Proof of physical address
6. Signed credit application
7. Signed T&C's
8. Signed deed of suretyship
9. Board resolution as per point 4 above if applicable

Granting of a credit facility will be at our sole discretion.

Completed applications together with supporting documents may be forwarded to *Namlog* for attention Tumelo Ntwagae per e-mail: ashanb@namlog.co.za

CREDIT APPLICATION

1. Applicant/Account Holder's Details (Customer)

Legal Name	
Trading Name	
VAT registration number	
Company registration number	
Number of years in operation	
Physical address	
Postal address	
Telephone number	
Website	
Type of Business	

2. Names and ID No's of Directors                      ID Number                      Physical address

1.		
2.		
3.		
4.		

### 3. Banking details

Bank Name	
Branch Name/Code	
Account Type	
Account Number	

### 4. Accountants/Auditors

Name of company accountant/auditors	
Contact Name	
Contact Number	
Date of Latest Audited Financial Statements	

### 5. Person responsible for payments

Name:	
Email Address	
Contact Number	

### 6. Expected monthly spend

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Credit limit required

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7. Trade references

Company Name	
Contact Person	
Contact Email Address	
Contact Number	
Years traded with	
Credit Limit	

Company Name	
Contact Person	
Contact Email Address	
Contact Number	
Years traded with	
Credit Limit	

Company Name	
Contact Person	
Contact Email Address	
Contact Number	
Years traded with	
Credit Limit	

**WHO WARRANTS AND ACKNOWLEDGES THAT HE/SHE IS DULY AUTHORISED, HAS READ AND UNDERSTOOD THE CREDIT APPLICATION AND CONSIDERS THE CLIENT BOUND THERETO IN EACH AND EVERY RESPECT.**

**FOR CLIENT:**

SIGNED AT \_\_\_\_\_ ON \_\_\_\_\_ 20 \_\_\_\_

SIGNATURE: \_\_\_\_\_

FULL NAMES OF  
AUTHORISED SIGNATORY: \_\_\_\_\_

CAPACITY: \_\_\_\_\_

AS WITNESS: \_\_\_\_\_

**FOR COMPANY:**

SIGNED AT \_\_\_\_\_ ON \_\_\_\_\_ 20 \_\_\_\_

SIGNATURE: \_\_\_\_\_

FULL NAMES OF  
AUTHORISED SIGNATORY: \_\_\_\_\_

CAPACITY: \_\_\_\_\_

AS WITNESS: \_\_\_\_\_

FOR OFFICE USE ONLY:

<u>Name:</u>
<u>Acc No:</u>

SUBMITTED	YES/NO
Address:	
Trade Reference:	
Credit Status:	
Bank Reference:	
Required Attachments:	
a. Copy of certificate of incorporation/ registration	
b. Copy of VAT Registration Certificate	
c. ID documents of owners/members	
d. Bank letter not older than 3 months	
e. Proof of physical address	

Credit Limit approved:	
Approved/ Rejected by: CFO	

Customer Manager:	
Rates attached:	