



Highland Rental Finance CC | CK 2006/140331/23 | Managing Member: Jacqui McWilliams

**RENTAL CREDIT APPLICATION****Tel: 021 552 9049 / 0861 HIGHLAND****Fax: 086 694 0195****Email: [Jacqui@highlandfinance.co.za](mailto:Jacqui@highlandfinance.co.za)**

NAME OF BUSINESS: (Full legal entity & trade style)		PERIOD UNDER CURRENT MANAGEMENT/OWNERSHIP:			
NATURE OF BUSINESS:		PREVIOUS EMPLOYERS IF LESS THAN 5 YEARS:-			
REGISTRATION NO.		VAT NUMBER:			
NUMBER OF EMPLOYEES		TEL NO.			
CONTACT:		FAX NO.			
PHYSICAL ADDRESS:					
POSTAL ADDRESS:				CODE:	
NAME & POSTAL ADDRESS OF LANDLORD:					
TEL NO.				FAX NO.	
INSTALLATION ADDRESS:					
INSURANCE COMPANY:		TRADE REFERENCES		YRS.	TEL:
POLICY NO.					
CONTACT PERSON:					
TEL NO.					
<b>Directors/Members/Shareholders/Owners/Controlling Company details:</b>					
Full Name	ID Number	% Shares	Residential Address	Value	Bond O/S
MAJOR CUSTOMERS				YRS.	TELEPHONE NO.
AUDITORS:		TEL: NO.		CONTACT:	
FINANCIAL YEAR END:		ANNUAL TURNOVER OR NET ASSET VALUE:			INITIAL:
BALANCE SHEET AVAILABLE?					
BANKERS	BRANCH	ACCOUNT NO.	A/C OPENED (YEARS)		

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

**FINANCIAL INTELLIGENCE CENTRE ACT (FICA)**

All accountable institutions are required to identify their clients as required by the Financial Intelligence Centre Act No 38 of 2001. We therefore consent to you carrying out identity and fraud prevention checks and sharing information relating to this application through the South African Fraud Prevention Service.

**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 or 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 orders or pending applications for liquidation or threatened against the Applicant or its directors/shareholders.

**I/We warrant that the Annual Turnover and/or Net Asset Value is true and correct and acknowledge that financiers have relied on such warranty in determining the legal framework of the facility**

.....  
duly authorised hereto.....  
Date

Name:

Capacity:

For and on behalf of:

The following documentation is required together with this application:

- Certified copy of statutory documents
- Certified copy of ID documents of shareholders/directors/members;
- Audited Financial Statements not more than 12 months old; Up to date management accounts

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