

Scan and email completed form to [swazilandbusinesscard@shoprite.co.za](mailto:swazilandbusinesscard@shoprite.co.za)

### 1. Applicant Details

Registered Name of Business \_\_\_\_\_ Company Registration Number \_\_\_\_\_  
 Trading Name \_\_\_\_\_  
 Physical Address (chosen domicilium address) \_\_\_\_\_ Postal Address \_\_\_\_\_  
 \_\_\_\_\_ Code     \_\_\_\_\_ Code      
 Country \_\_\_\_\_ Country \_\_\_\_\_

#### Applicant Contact Details

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Cell Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

### 2. Details of Authorised Representative

Title (Mr/Mrs/Ms/Other) \_\_\_\_\_ Initials \_\_\_\_\_  
 Names \_\_\_\_\_ Surname \_\_\_\_\_  
 Identity Number \_\_\_\_\_ Date of Birth (dd/mm/yyyy) \_\_\_\_\_  
 Designation \_\_\_\_\_  
 Authorised Signature  Date (dd/mm/yyyy) \_\_\_\_\_

### 2. Details of Authorised Representative

Title (Mr/Mrs/Ms/Other) \_\_\_\_\_ Initials \_\_\_\_\_  
 Names \_\_\_\_\_ Surname \_\_\_\_\_  
 Identity Number \_\_\_\_\_ Date of Birth (dd/mm/yyyy) \_\_\_\_\_  
 Designation \_\_\_\_\_  
 Authorised Signature  Date (dd/mm/yyyy) \_\_\_\_\_

### 3. Bank Account Details

We need this information to assess your credit status.

Name of Bank \_\_\_\_\_ How many years have you banked there? \_\_\_\_\_  
 Type of Account: Current  Savings  Transmission   
 Account Number \_\_\_\_\_ Branch Code \_\_\_\_\_

### 4. Debit Order Authorisation

Would you like to pay your Shoprite Card by debit order? Yes  No

**PLEASE COMPLETE THE ATTACHED DDAC MANDATE FORM (FORMDD8)**

### 5. Preferences

Would you like to receive your statements via: E-mail (preferred)  Post

### 6. Purchase Limit

Purchase limit applied for: MZN \_\_\_\_\_  
 Additional cards required? Quantity

### 7. Signature on behalf of Applicant

I hereby confirm that all details supplied above are true and correct. I acknowledge that I have read and understand the terms and conditions attached to this application form and undertake on behalf of the Applicant.

Signed at \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Full address where application was signed) (day) (month) (year)

Signature on behalf of Applicant

Full Name of Signatory \_\_\_\_\_ Designation \_\_\_\_\_

- Documents required**
- Bank Reference letter stating name and bank account number
  - Certificate of Incorporation
  - Tax clearance certificate