

The completed form must be submitted with a copy of your ID document and proof of residence (a utility bill cannot be more than 3 months old).

### 1. Applicant Details

Registered Name of Business \_\_\_\_\_

Business Registration Number \_\_\_\_\_

Trading Name \_\_\_\_\_

Physical Address (chosen domicilium address) \_\_\_\_\_

Postal Address \_\_\_\_\_

Code

Code

#### 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) \_\_\_\_\_

### 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 Checkers Business Card by debit order? Yes  No

If yes, please complete the details below:

Name of Bank \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Bank Account Name \_\_\_\_\_

Branch Code \_\_\_\_\_

Branch Name \_\_\_\_\_

Type of Account: Current  Savings  Transmission

Signature by authorised signatory on bank account

Date (dd/mm/yyyy) \_\_\_\_\_

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

Identity Number \_\_\_\_\_

Designation \_\_\_\_\_

(By signing above, the client accepts and agrees to the payment instructions terms and conditions on the reverse side hereof. Please provide us with a cancelled cheque or a certified copy of your bank statement, indicating these banking details.)

### 5. Preferences

Would you like to receive your communication in: English  Afrikaans  Other \_\_\_\_\_

If for some reason it is not possible for us to communicate with you in your preferred language, we will communicate with you in English.

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

### 6. Purchase Limit

Purchase limit applied for: BWP \_\_\_\_\_

### 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 \_\_\_\_\_  
(Full address where application was signed)

on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(day) (month) (year)

Signature on behalf of Applicant

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

Designation \_\_\_\_\_