

## CAPITALBOX ASSET FINANCE APPLICATION FORM

### 1.) BORROWING ENTITY AND COMPANY DETAILS (WHICH EVER APPLICABLE)

Name:

ID No/ Registration No/ CK No:  Date Incorporated/ No of years in business:

HPCSA No:  VAT No:

Physical Address:

Postal Address:  Postal Code:

Telephone Number:  Fax Number:

Website:

Contact Person:  Cell No:

Email:

### 2.) DESCRIPTION AND ACTIVITIES OF BUSINESS INCLUDING MANAGEMENT STRUCTURES AND QUALIFICATIONS

### 3.) FULL NAMES OF SHAREHOLDERS/ MEMBERS/ PARTNERS/ SOLE PROPRIETOR (WHICH EVER APPLICABLE)

3.1) Full name:  % Held in business:

Residential Address:

Identity Number:  Marital Status: Single  Divorced  COP  ANC

House Ownership: Bonded  Bond-Free  In Your Name  In Spouses Name  Other

Type: House  Town House  Flat

3.2) Full name:  % Held in business:

Residential Address:

Identity Number:  Marital Status: Single  Divorced  COP  ANC

House Ownership: Bonded  Bond-Free  In Your Name  In Spouses Name  Other

Type: House  TownHouse  Flat

**3.3) Full name:**  % Held in business

Residential Address:   
 Postal Code:

Identity Number:  Marital Status: Single  Divorced  COP  ANC

House Ownership: Bonded  Bond-Free  In Your Name  In Spouses Name  Other

Type: House  Town House  Flat

**3.4) Full name:**  % Held in business

Residential Address:   
 Postal Code:

Identity Number:  Marital Status: Single  Divorced  COP  ANC

House Ownership: Bonded  Bond-Free  In Your Name  In Spouses Name  Other

Type: House  Town House  Flat

#### 4.) BANK ACCOUNT DETAILS

Name of Bank:  Account Number:

Branch Code:  Branch Name:

Account Type:  Account Holders Name:

#### 5.) AUDITORS DETAILS (BUSINESS ACCOUNTANTS)

Audit Co Name:  Contact Person:

Telephone Number of Auditors:  Financial Year End:

Last Accounts:

#### 6.) SHORT TERM INSURANCE DETAILS

Insurance Company:  Name of Insurance Broker:

Policy Number:  Telephone Number of Insurance Broker:

#### 7.) PROPERTY DETAILS (IF OWNED BY THE COMPANY OR GROUP COMPANY)

Physical Address:   
 Postal Code:

Year of Purchase:  Purchase Price: R  Outstanding Mortgage: R

Market Value: R

## 8.) LANDLORD DETAILS OF LEASED BUSINESS PREMISES (IF APPLICABLE)

Landlord Name:  Contact Person:

Postal Address:

Postal Code:

Telephone Number of Landlord:

## 9.) FINANCIAL FACILITY REQUIREMENTS

Description of Asset (Attach Quote):

Supplier Name:  Contact Person:

Telephone Number:  Fax Number:  Email:

Purchase Price (Incl. VAT):  R Settlement Included: YES  NO  Settlement Value:

Less Deposit/Initial Rental (Incl. VAT):  R Term:

Annual Turnover:  R Gross Asset Value:  R

Amount Required (Incl. VAT):  R

## 10.) SECURITY OFFERED; SURETIES OF SHAREHOLDERS/MEMBERS/PARTNERS

## 11) ACKNOWLEDGMENT BY CREDIT APPLICANT

I  (Name) with ID number ,  
the duly authorised representative of  ("Company") with registration number

agree that **Capitalbox Asset Finance (Pty) Ltd, associates and cessionary partners ("CBAF")** may make inquiries to confirm any information provided by the Company and that CBAF may verify the information and obtain additional information from a registered credit bureau, when assessing the information provided herein. I authorise CBAF to conduct a credit report on the company, and warrant that all the directors and/or members have consented to the Company instructing CBAF to conduct the credit enquiry on the Company and that the Director and/or Members acknowledges that the enquiry will include an inquiry into the Director and/or Member's credit profile. I further warrant that the Directors and/or members authorise CBAF to obtain the credit information on the Directors and/or Members and that the Company has the consents as stated herein, in writing. In the event of CBAF being required to do an account verification check to verify that banking details provided, are correct, or to enquire with the Company's banker to obtain its opinion with regards to lending amounts and lending terms applicable to the Company, I hereby authorise such an enquiry. We furthermore consent to CBAF submitting our information, including payment profile and default information and any other relevant information, to a registered credit bureau and to allow a registered credit bureau to release the information for lawful purposes to third parties.

I furthermore warrant that all information supplied to CBAF is to the best of my knowledge true and correct, that I am not aware of any other information that would affect the credit application of the Company in any way and that I am authorised to sign this document.

SIGNATURE OF APPLICANT:

DATE:

**Certified True and Correct: This application consists of 3 pages; please ensure you email all pages back to: [applications@capitalbox.co.za](mailto:applications@capitalbox.co.za).**