

AGREEMENT APPLICATION FORM

KCS Office Management (Pty) Ltd t/a Nashua Limpopo
c/o VELDSPAAT & PRINCE HUSSEIN STREET, MAGNA VIA, POLOKWANE
P O Box 716, Polokwane, 0700
Tel: (015) 590 0319 Fax: (015) 495 0935

(Please tick the appropriate box)		Existing User <input type="checkbox"/>		Existing Account No. <input type="text"/>		New User <input type="checkbox"/>		Rental <input type="checkbox"/>		Cash <input type="checkbox"/>							
Salesperson <input type="text"/>								Cell No. <input type="text"/>									
REGISTERED DETAILS (Annual database update)																	
(Pty) Ltd <input type="checkbox"/> Ltd <input type="checkbox"/>		P/Ship <input type="checkbox"/>		CC <input type="checkbox"/>		Sole Prop <input type="checkbox"/>		Trust <input type="checkbox"/>		Ass <input type="checkbox"/>		Other <input type="checkbox"/>		Gov <input type="checkbox"/>			
Registered Name <input type="text"/>																	
Trading Name/Division/ Department <input type="text"/>																	
Registration No. <input type="text"/>														VAT No. <input type="text"/>			
Trading Since <input type="text"/>														(Please supply a business letterhead)			
(e.g. Jan) <input type="text"/>		(e.g. 1980) <input type="text"/>															
Industry Type <input type="text"/>																	
Listed Y <input type="checkbox"/>		N <input type="checkbox"/>															
BUSINESS DETAILS																	
Physical Address <input type="text"/>														Code <input type="text"/>			
Postal Address <input type="text"/>														Same as above Y <input type="checkbox"/> N <input type="checkbox"/>			
Telephone No. <input type="text"/>								Fax No. <input type="text"/>						Code <input type="text"/>			
E-mail address <input type="text"/>								Cell No. <input type="text"/>						Code <input type="text"/>			
PRINCIPAL DETAILS																	
First Names <input type="text"/>								Surname <input type="text"/>									
Identity No. <input type="text"/>								Residential address <input type="text"/>									
First Names <input type="text"/>								Surname <input type="text"/>									
Identity No. <input type="text"/>								Residential address <input type="text"/>									
BANK DETAILS																	
BANK STD <input type="checkbox"/> FNB <input type="checkbox"/> ABSA <input type="checkbox"/> NEDBANK <input type="checkbox"/>								OTHER <input type="text"/>									
Branch Name <input type="text"/>								Branch Code <input type="text"/>									
Account No. <input type="text"/>								Annual Turn Over: <input type="text"/>		Above R2 million <input type="checkbox"/>		Below R2 million <input type="checkbox"/>					
Account Holder <input type="text"/>																	
LANDLORD DETAILS: <input type="text"/>		Name: <input type="text"/>		 <input type="text"/>		 <input type="text"/>		 <input type="text"/>		 <input type="text"/>		 <input type="text"/>		 <input type="text"/>			
INSURANCE COMPANY: <input type="text"/>		Name: <input type="text"/>		 <input type="text"/>		 <input type="text"/>		 <input type="text"/>		 <input type="text"/>		 <input type="text"/>		 <input type="text"/>			
AUDITORS DETAILS: <input type="text"/>		Name: <input type="text"/>		 <input type="text"/>		 <input type="text"/>		 <input type="text"/>		 <input type="text"/>		 <input type="text"/>		 <input type="text"/>			
TRADE REFERENCES: <input type="text"/>		YRS: <input type="text"/>												TOTAL RENTAL <input type="text"/> PERIOD: <input type="text"/> MONTHS <input type="text"/>			
														ESCALATION <input type="text"/> % <input type="text"/>			
														TEL NO: <input type="text"/>			
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 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.																	
MARKETING CONSENT																	
We hereby consent/do not consent to you:																	
* providing present or future group companies/associates with our details, to give them the opportunity to contact us with information on products and services they offer, which is believed will be to our benefit.																	
* or your appointed research companies contacting us to enable you to conduct market research.																	
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.																	
Print Name <input type="text"/> Client Authorised Signature <input type="text"/>																	
Capacity <input type="text"/> Date <input type="text"/>																	
2 0 2 1 - - - -																	

ADDENDUM A

(FOR OFFICE USE ONLY)

EQUIPMENT DETAILS (Equipment applied for)

UPGRADE DETAILS (Equipment being upgraded)

PLEASE ATTACH AN UPGRADE FORM

NOTES

SALES EXECUTIVE: _____

CODE: _____

SIGNATURE: _____

DATE: _____

