



RENEWED GEAR
BICYCLE FINANCE

APPLICATION FORM

Applicant: _____ Reg. / ID No. _____

LTD	(PTY) LTD	CC	SOLE PROPRIETOR	PARTNERSHIP	INDIVIDUAL
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FOR INDIVIDUAL APPLICANTS:
DOCUMENTS NEEDED: 3 MONTHS BANK STATEMENTS, 3 MONTHS SALARY ADVISES, COPY OF ID

Street Address: _____ Postal Address: _____

 Code: Code:

Cel No.: _____ Email Address: _____
 FOR BUSINESS APPLICANTS:
 DOCUMENTS NEEDED: 3 MONTHS BANK STATEMENTS, COMPANY REGISTRATION DOCUMENTS, COPY OF ID(DIRECTOR/SHAREHOLDERS)

Street Address: _____ Postal Address: _____

 Code: Code:

Date Established: _____ Nature Of Business: _____
 How long under existing management? _____
 Tel No: _____ Fax No: _____ Email: _____
 Banker: _____ Branch: _____ Account Nr: _____
 Period with Bankers: Years Months VAT Reg. Nr.: _____

Shareholding:

Holding Company / Directors / Members	ID Nr / Reg. Nr	Share %	Residential Address
1			
2			
3			

BICYCLE to be Financed:
 Supplier: _____ Tel: _____ Address: _____ Contact: _____
 Make: _____ Model: _____ Accessories: _____
 Price: R _____ Incl. VAT Term: 12 Months Term: 24 Months Term: 36 Months

I/we consent to Renewed Group (Pty) Ltd or its cessionary making enquiries about my/our credit record with any credit reference agency and any other party to confirm the details on this application. Renewed Group or its cessionary may also provide credit reference agencies with regular updates regarding how I/we manage my/our account, including my/our failure to meet agreed terms and conditions. I/we content that credit reference agencies may, in turn, make the records and details available to other credit grantors. Renewed Group or its cessionary may also give this information to any person who in its opinion, needs it to carry out any of Renewed Group or its cessionary's rights or duties in terms of the contract or any law pertaining to the products I/we have requested. I/we hereby give Renewed Group (Pty) Ltd or its cessionary permission to carry our identity and fraud prevention checks on me/us and to share the information provided in this application with the South African Fraud Prevention Service.
I certify that the above details are true and correct

Please tick here if you would NOT like to be contacted regarding insurance.

Signature: _____ Full Name: _____ Capacity: _____ Date: _____

PLEASE CONTACT ONE OF OUR CONSULTANTS SHOULD YOU HAVE ANY QUESTIONS OR QUERIES:

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