



# RENT ME APPLICATION

BIKE ME

The only chapter to alternative bike rentals for business owners



SCAN TO CALCULATE RENTAL

Applicant: \_\_\_\_\_

Co Reg No: \_\_\_\_\_

LTD      (Pty)LTD      CC      Sole Prop      Partnership      Trust      Association

Street Address: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Code: \_\_\_\_\_

Code: \_\_\_\_\_

Date Established: \_\_\_\_\_

Nature of business: \_\_\_\_\_

How long under existing management: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cellphone: \_\_\_\_\_

Bankers: \_\_\_\_\_ Branch: \_\_\_\_\_

Acc Number: \_\_\_\_\_

Period with bankers: \_\_\_\_\_

Vat Number: \_\_\_\_\_

### Shareholding:

	Holding Company/Directors/Members	ID No. / Reg No.	Share %	Residential Address
1				
2				
3				

Auditors: \_\_\_\_\_

Landlord: \_\_\_\_\_

Tel No: \_\_\_\_\_

Tel No: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Period at Address: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

CC: \_\_\_\_\_

Value: \_\_\_\_\_

Incl. Vat: \_\_\_\_\_

Upgrade: \_\_\_\_\_

New: \_\_\_\_\_

Supplier: \_\_\_\_\_

Tel no: \_\_\_\_\_

Email: \_\_\_\_\_

Rep: \_\_\_\_\_

Address: \_\_\_\_\_

I/we consent to the Credit Provider or its cessionary making enquiries about my/our credit record with any credit reference agency and other party to confirm the details on this application. The Credit Provider or its cessionary may also provide credit reference agencies with regular updates regarding how I/we manage my account, including my/our failure to meet agreed terms and conditions. I/we consent that credit reference agencies may, in turn, make the records and details available to other credit grantors. The Credit Provider or its cessionary may also give this information to any person who in its opinion, needs it to carry out terms of the contract or any law pertaining to the products I/we have requested. I certify that the above details are true and correct

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Date: \_\_\_\_\_

**Riders Details:**

Full Name: \_\_\_\_\_ ID No: \_\_\_\_\_

Bike Licence Details: Full: \_\_\_\_\_ Learners: \_\_\_\_\_ Date first obtained: \_\_\_\_\_

Have you had any previous motorcycle insurance? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, who?: \_\_\_\_\_

Has any insurer ever declined to quote you? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Has any insurer ever cancelled your insurance? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Has any insurer required an increase in premium or imposed special terms? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Has any insurer ever declined to quote you? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Has any insurer refused to renew your policy? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you had any convictions/admissions of guilt in the last 5(five) years? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes to any of the above, please supply full details: \_\_\_\_\_

Date	Description of Loss	Vehicle Make	Registration	Cost

Where is your motorcycle kept overnight?

In a locked garage: \_\_\_\_\_ In a locked yard: \_\_\_\_\_ In a locked parking garage: \_\_\_\_\_ Other: \_\_\_\_\_

If other, please specify: \_\_\_\_\_

**Consent to the use of Underwriting claims and other relevant information**  
• Waive any right to privacy in respect to any insurance information provided by you or on your behalf regarding insurance policy or claim made or lodged by you or on your behalf  
• Allow such information to be disclosed to any other insurance company or it's agents.  
• Allow us to verify the information provided by you against other legitimate sources or databases

Where did you hear about us? \_\_\_\_\_

Are you a member of a motorcycle club? If yes, what chapter: \_\_\_\_\_

Signature: \_\_\_\_\_ Full Name: \_\_\_\_\_ Capacity: \_\_\_\_\_ Date: \_\_\_\_\_