



**RENEWED GROUP**  
**SPECIALISED FINANCE**

**APPLICATION FORM**

APPLICANT \_\_\_\_\_ REG NO \_\_\_\_\_

LTD  (PTY)LTD  CC  SOLE PROPRIETOR  PARTNERSHIP  TRUST  ASSOCIATION

STREET ADDRESS \_\_\_\_\_ POSTAL ADDRESS \_\_\_\_\_

CODE:     CODE:

DATE ESTABLISHED \_\_\_\_\_ NATURE OF BUSINESS \_\_\_\_\_

HOW LONG UNDER EXISTING MANAGEMENT \_\_\_\_\_

TEL NO \_\_\_\_\_ FAX NO \_\_\_\_\_ WEB ADDRESS \_\_\_\_\_

BANKERS \_\_\_\_\_ BRANCH \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

PERIOD WITHBANKERS  YEARS  MONTHS VAT Registration Number: \_\_\_\_\_

FACILITIES WITH BANKS				
TYPE OF ACCOUNT	INSTITUTION	TELEPHONE NUMBER	CONTACT PERSON	ACCOUNT NUMBER

**SHAREHOLDING**

HOLDING COMPANY/DIRECTORS/MEMBERS	ID NUMBERS/REG NO	SHARE%	RESIDENTIAL ADDRESS
1.			
2.			
3.			
4.			
5.			

IN WHO'S NAME IS THE PROPERTY REGISTERED	CURRENT VALUE	BOND AMOUNT OUTSTANDING	MARITAL STATUS (ANC/COP)
1.			
2.			
3.			
4.			
5.			

<b>AUDITORS</b>	<b>INSURANCE CO</b>	<b>LANDLORD</b>
TEL NO _____	TEL NO _____	TEL NO _____
FAX NO _____	FAX NO _____	FAX NO _____
CONTACT _____	CONTACT _____	CONTACT _____
	POLICY NUMBER _____	PERIOD AT ADDRESS _____

TRADE REFERENCES	TEL NO	MAJOR CLIENTS	TEL NO

**EQUIPMENT**

VALUE \_\_\_\_\_ INC VAT \_\_\_\_\_ RENTAL \_\_\_\_\_ EXCL VAT  UPGRADE  NEW

TERM \_\_\_\_\_ MONTHLY  QUARTERLY  YEARLY \_\_\_\_\_ ESCALATION \_\_\_\_\_ %

SUPPLIER \_\_\_\_\_ TEL NO \_\_\_\_\_ FAX NO \_\_\_\_\_

CONTACT \_\_\_\_\_ 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 any of the Credit Provider or its cessionary's rights or duties in 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 \_\_\_\_\_ FULLNAME \_\_\_\_\_ CAPACITY \_\_\_\_\_ DATE \_\_\_\_\_

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

**E-Mail~[fred@renewedgroup.com](mailto:fred@renewedgroup.com) Web~[www.renewedgroup.com](http://www.renewedgroup.com)**  
**Office~011 764 1933 | Cell~ 082 579 4223**  
**Office – Renewed House, 86 Disseldoring Street, Roodekrans**



## Renewed Group COMMERCIAL RENTAL OPTION

Dear Applicant

Thank you for the opportunity to be of assistance.

We will need the following documentation and information to enable us to proceed with an application:

- A completed & signed credit application form
- Pro-forma supplier invoice or quotation
- Full description and/or brochure on asset
- Copy of ID of directors
- A Company letterhead
- Copy of company registration documents
- Personal assets & liabilities of directors
- 3 months bank statements
- Latest Audited Financial Statements
- Up to date Management Accounts

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