**A. Details of Client where Client is a juristic person**

|  |  |
| --- | --- |
| Registered name of applicant |  |
| Trade name |  |
| Holding Company |  |
|  |  |
| Type of entity (mark appropriate box): |
| Public Company |  | Private Company |  | Sole Proprietor |  | Close Corporation |  |
|  |
| Partnership |  | Trust |  | Public Entity |  | Other |  |
|  |
| Company/ Close Corporation/Trust registration number |  |
| VAT registration number |  |
| How long established (number of years) |  |
| SIC (Standard Industrial Classification) code |  |
|  |  |
| **Auditors** |
| Name and address of Auditors (if a company) |  |
|  |  |
|  |  |
| Registered office address (if a company) |  |
|  |  |
|  |  |

Details of Directors/Members/Partners/Owners/Trustees (delete not applicable):

|  |  |  |  |
| --- | --- | --- | --- |
| Full names | Residential address | Identity number | Date appointed |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(If insufficient space provided, kindly complete additional form and attach as an annexure hereto)

**CONTACT DETAILS OF CLIENT**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Postal address |

|  |
| --- |
|  |
|  |
|  |

 | Physical address |

|  |
| --- |
|  |
|  |
|  |

 |
| Telephone number |  | Cellphone number |  |
| Facsimile number |  | Email address |  |  |

**ACCOUNT MANAGERS**

**Person responsible for Operations/Logistics:**

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | Surname |  |
| Telephone number |  | Facsimile number |  |
| Cellphone number |  | Email address |  |

**Person responsible for payment of the account:**

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | Surname |  |
| Telephone number |  | Email address |  |
| Postal address for account |  |
|  |  |
|  |  |
|  |  |
| Specific additional information required on invoices |  |
|  |  |
|  |  |
|  |  |

**B. Details of Client where Client is a natural person**

|  |  |
| --- | --- |
| Full names |  |
| Identity number |  |
| Date of birth |  |
|  |
| Physical address |

|  |
| --- |
|  |
|  |
|  |

 | Postal address |

|  |
| --- |
|  |
|  |
|  |

 |
| Telephone number |  | Cell phone number |  |
| Facsimile number |  | Email address |  |
| Occupation |  |
| Business/work address |

|  |
| --- |
|  |
|  |
|  |

 | Business/work postal address |

|  |
| --- |
|  |
|  |
|  |

 |

**Details of spouse:**

|  |  |
| --- | --- |
| Full names |  |
| Identity number |  |
| Date of birth |  |
| Physical address |  |
|  |  |
| Postal address |  |
|  |  |

I confirm that:

(a) I am not a minor

(b) A court has never declared me mentally unfit

(c) I am not subject to an Administration Order

(d) I do not have any current application pending for debt restructuring or alleviation

(e) I do not have any current debt re-arrangement in existence

(f) I have not previously applied for a debt re-arrangement

(g) I am not under sequestration

(h) I do not have applications pending for credit, nor open quotations as envisaged in section 92 of the National Credit Act

(i) I agree to the payment terms of the CSIR (30 days from date of invoice)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED BY CLIENT

**C. Documentation to be provided**

**PLEASE ATTACH THE FOLLOWING DOCUMENTATION:**

* Company or Close Corporation Documents (CK /CM 1; 9; 22; 29 )
* Copy of Members’, Owners’, Directors’ ID Documents
* In the case of a Trust - Copy of the Deed of Trust as well as a resolution signed by all Trustees
* If a natural person married – copy of marriage certificate
* Company’s most recent audited financial statements (if available)
* VAT Registration Certificate/ Tax Clearance Certificate

**D. Confirmation of correctness of detail provided**

I/we declare that the information provided herein is true and correct. I hereby consent to the CSIR making enquiries regarding the Client’s credit history with any credit bureau.

I/we undertake to pay invoices within the prescribed period as agreed in writing between THE CLIENT and THE CSIR. I/we declare that I/we am/are duly authorised to sign this document on behalf of the applicant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in print: Signature Date

(Financial Director in the event of a Company)