



Date:		Province: City / Town:		
	CLIENT/COM	PANY INFORMATIO	N:	
Company Name:				
Trading As:				
Company / CC Reg No:		VAT Reg No:		
Physical Address:			Postal Code	:
Postal Address: Brief Description of Curre			Postal Code	:
F	Projected Passenger Sales Per Month Projected Cargo Sales Per Month Projected Delivery Sales Per Month			
General Manager Name:		Cell Phone No:		
Direct Landline No:			Accounts Depart Tel No:	
	OWNER / DI	IRECTORS DETAILS	6	
Owner Name		Owner ID No:		
Owner Land line No:		Owner Cell No:		
Physical Address:			Code:	
			Code.	



Director 1

D	irectors Name	Directors ID No:		
Director	s Landline no:	Directors Cell No:		
Director 2				
D	irectors Name	Directors ID No:		
Director	s Landline no:	Directors Cell No:		
Director 3				
	irectors Name	Directors ID No:		
Director	s Landline no:	Directors Cell No:		
		BANK DETAILS		
	Bank	Branch Name		
	Acoount No	Branch Code		
A	Account Name			
Trade Ref				
	Name			
	Tel No			
	E-mail			
Trade Reference 2				
	Name			
	Tel No			
	E-mail			
DOCUMENTS				
Please attach the following documents: (Tick)				
	Copy of ID (Owner & Directors)	Proof of F	Physical Address (Business)	
	Copy of Business Registration		Physical Address (Owner)	
	Copy of VAT Registration		Bank Account Details	



ACCEPTANCE OF AGREEMENT					
I,,	herby give consent that Atul				
) Perform a credit search on my company and personal profile with one of more registered Credit Bureaus.					
2) Monitor my company and personal payment behavious by researching my profile at one or more of the Credit Bureaus.					
3) Record the existance of my account with the Credit Bureaus.					
4) Record and transmit details of how I performed, and how my account is conducted in meeting my obligations on the account.					
Company / Individual Name:					
Registration / ID No:					
I also herby confirm that to the best of my knowledge and belief the information provided in respect of this application is true, accurate and complete.					
Signature:	Date:				
Name in Print:					

PLEASE NOTE THE FOLLOWING:

- * No Application will be considered unless ALL document required are attached.
- * It is the responsibility of the Dealer to inform Atul any $\,$ changes in banking details.

Please submit this application thourgh the following channels:

- 1) Physically: 223 Walmer Boulavard, Walmer PE.
- 2) E-mail: patrick.lavery@daspe.co.za; terry.fogarty@daspe.co.za