

ACCOUNT APPLICATION FOR POST OFFICE POSTAL SERVICE

1.0 **APPLICATION DETAILS**

a. WHAT TYPE OF BUSINESS ARE YOU? SOLE PROPRIETOR PARTNERSHIP PRIVATE COMPANY PUBLIC COMPANY CLOSE CORPORATION

REGISTERED NAME OF COMPANY / CLOSE CORPORATION / OTHER b.

COMPANY / CLOSE CORPORATION / OTHER REGISTRATION NUMBER

DATE OF REGISTRATION

TRADE NAME/S OF BUSINESS _____ c.

d. NATURE OF BUSINESS

DATE BUSINESS ESTABLISHED _____ e.

REGISTERED ADDRESS OF BUSINESS f

PHYSICAL ADDRESS OF BUSINESS _____ g.

POSTAL ADDRESS OF BUSINESS h.

i. TELEPHONE NO (____)

NAMES & ADDRESSES OF DIRECTORS / MEMBERS/ PARTNERS/ PROPRIETORS j.

Name	Address	ID Number / Date of Birth	Residential Address
1.			
2.			
3.			
4.			
5.			
6.			

______ FAX NO (____) _____

PREVIOUS NAME OF COMPANY / CLOSE CORPORATION / OTHER k.

1. NAME OF HOLDING COMPANY___

NAMES OF SUBSIDIARIES AND ASSOCIATE COMPANIES: m.

GIVE DETAILS OF ANY SURETIES GIVEN, CESSION OF DEBTORS MADE, NOTARIAL n. BONDS REGISTERED, JUDGEMENTS EFFECTED AGAINST THE BUSINESS OR ITS PRINCIPALS

HAVE MORATORIUMS OR OFFERS OF COMPROMISE EVER BEEN MADE WITH YOUR CREDITORS? о.

YES NO IF YES, GIVE DETAILS _____

p.

BANKERS ______ BRANCH _____ _____DATE OPENED ______

ACCOUNT NO ____ VAT REGISTRATION NO. ____ q.

CREDIT AMOUNT REQUIRED: R____ r.

TRADE REFERENCES (Please supply at least four) s.

Name	Address	Contact Names	Contact Tel. No.
1.			
2.			
3.			
4.			

Applicant initial

BRANCH CODE

(PLEASE INITIAL ALL PAGES)

t.	PREMISES : OWNED RENTED :	NAME OF LANDLORD (IF RENTED)
u.	ARE YOU PREPARED TO MAKE FINANCIAL STATEMENTS AVAILABLE?	YES / NO
v.	ARE THE PRINCIPALS PREPARED TO SIGN PERSONAL SURETY?	YES / NO
w.	ADDRESS TO WHICH INVOICES AND STATEMENTS TO BE SENT:	

2.0 WARRANTY

I,	the undersigned, in my capacity as:
DIRECT	OR / PARTNER / MEMBER / SOLE PROPRIETOR OF THE APPLICANT hereby:
2.1	Warrant that all the information in this application is true, correct and current.
2.2	Warrant that he/she is duly authorized to seek credit facilities on behalf of the Applicant.

3.0 TERMS AND CONDITIONS OF A DEBTORS ACCOUNT

An account will come in to effect after an assessment of the application and a bank guarantee or deposit equal to the credit amount approved has been furnished to the satisfaction of the South African Post Office and is subject to the SA Post Office credit policy.

3.1 Payment

- 3.1.1 Payment shall be made in South African currency.
- 3.1.2 Payment must be made within a maximum of 7 days from date of statement. Further service could be suspended until outstanding amounts have been settled.
- 3.1.3 Interest will be charged at the Standard Bank prime rate, plus 2 (two) percent on amounts in arrears.
- 3.1.4 No amounts may be deducted from or set-off against invoices payable to the Post Office.
- 3.1.5 All amounts for services supplied shall be paid to the General Manager, Finance (Debtors), P.O. Box 10000, Pretoria, 0001 or other designated address by way of a cheque (not post dated) cash or by means of an electronic funds transfer to the Post Office bank account. No.
- 3.1.6 Any changes to the terms and conditions must be in writing and agreed to by duly authorised employees of the two parties.

3.2 General

- 3.2.1 Account facilities will be re-assessed on a yearly basis and guarantees or deposits required will need to be adjusted by clients accordingly.
- 3.2.2 All legal costs to recover outstanding amounts including client attorney fees, collection commission and tracing fees will be payable by the applicant.
- 3.2.3 The applicant consents to the jurisdiction of the magistrate's court should legal action be necessary, irrespective of the amount involved.
- 3.2.4 The client chooses its domicilium citandi et executandi at the address/es provided in this application.
- 3.2.5 Post Office refers to the South African Post Office Limited.

SIGNED IN	ON THIS	DAY OF
ON BEHALF OF		
NAME IN BLOCK LETTERS		
DESIGNATION IN COMPANY		
WITNESSES		
1	-	
2	-	Applicant's duly authorised signatory

Applicant initial _

(PLEASE INITIAL <u>ALL</u> PAGES)

)

FOR POST OFFICE USE - FINANCIAL SERVICES DEBTORS

4.0 CREDIT EVALUATION (CONFIDENTIAL)

	<u>F EVALUATION</u> NFIDENTIAL)	NAME	DESIGNATION	SIGNATURE
1. All inform Checked	nation on Application			
Comments:				
2. Credit Reco	ommended			
Details:				
	nted / Approved			
<u>Details:</u>				
Operatio	ons / Sales and Customer Servic	ces Informed of Finance Requir	rements	
Security	Received :			
5.1	Deposit: Amount R		Receipt Number	
5.2	Guarantee			
5.3	Date			
Dete second	opened			

7. Account number _____

FINANCE DEBTORS: MANAGER SIGNATURE