

APPLICATION FORM FOR BUSINESS LOANS

BUSINESS INFORMATION			
1.	Name of Applicant:		
2.	Name of Business:		
3.	Trading Name:		
4.1	Company or CC Registration No:		
4.2	VAT Registration No:		
5.	Names of Directors or Members	% Share	% Share
	a.		d.
	b.		e.
	c.		f.
6.	Business Address:		Postal Address:
		Code:	Code:
	Name:		Tel (h):
			Tel (w):
	Cell:		Fax:
	Email:		
7.	BUSINESS HISTORY		
	Is the business new or an existing business?		
	If existing, what is the year of establishment?		
	Since when under present ownership?		
8.	Name, address and telephone number of accountant if not an employee of the business:		
9.	BUSINESS BANKING DETAILS		
	Name of Bank:		
	Branch:	Account No:	
	Overdraft facility:	Securities held by the bank:	
	Interest rate:		
10.	Give particulars about any compromises with creditors, repayment problems or judgements taken against the business:		

11.	BUSINESS TRADE REFERENCES (SUPPLIERS, BUSINESS ASSOCIATES, ETC)						
	Business / Institution	Account No.	Type of Account	Contact & Tel No.			
12.	PURPOSE OF FINANCE		AMOUNT	COMMENTS			
			R				
			R				
			R				
			R				
			R				
		TOTAL					
13.	GIVE DETAILS OF EXISTING OUTSIDE FINANCE						
	Institution	Original Amount	Date Obtained	Terms	Interest Rate	Installment	Outstanding Balance

I, the undersigned, declare that the information supplied herein and attached hereto, is to the best of my knowledge and ability true, correct and complete in all respects and will form the basis of any contracts entered into with SBFS.

I / we give authority to SBFS to make as many inquiries as they deem appropriate in connection with my / our application including a search with a credit reference agency.

- To assist us to expedite this application, please:**
- **Attach your financial statements and detailed projections**
 - **Complete the application and personal information forms thoroughly**

- Provide us with:**
- **A copy of your Identity Document**
 - **Proof of Residence (Copy of electricity / telephone account)**

SIGNATURE: _____ DATE: _____

PERSONAL INFORMATION (All information will be regarded as confidential)

Section to be completed by each member of the Closed Corporation (CC) or directors of the company

1.	Surname:	First Names:	
2.	I.D. Number:	Gender:	
		Nationality:	
3.	Residential Address:	Postal Address:	
	Code:	Code:	
	Number of years at this address:		
4.	Tel (h):	Tel (w):	
	Email:	Cell:	
5.	PREVIOUS EXPERIENCE		
	Dates	Employer	
	Qualifications:		
6.	PERSONAL BANKING INFORMATION		
	Bank:		
	Branch:		
	Account Type:	Account No:	
7.	PERSONAL FINANCIAL POSITION		
7.1	Kindly complete the following statement of personal assets and liabilities or submit a personal balance sheet with required information		
	ASSETS	Rand Value	LIABILITIES
	Residential property		Bonds: Residential property
	Business property		Bonds: Business property
	Loans to others		Loans from others
	Personal vehicles		Debts on vehicles
	Cash / fixed deposits		Overdraft & Credit Card debt
	Investments / Policies		Other (Cellphone contracts, Shop Accounts, H.P.)
	Other (specify):		
	Total Assets		Total Liabilities
	Net Assets		
8.	MARITAL STATUS	In / Out of Community of Property / Islamic / Other:	
	Full name of spouse:	Maiden name:	
	Identity number of spouse:	No. of dependants (incl. spouse):	

9.	PERSONAL RECORD (please encircle YES or NO in respect of the following questions)					
	Have you ever been sequestered?	YES	NO	If so, have you been rehabilitated?	YES	NO
	Have you ever been found guilty of a criminal offense?				YES	NO
	Have you ever reached a compromise with creditors or had repayment problems?				YES	NO
	Have you ever been summonsed or had judgements taken against you?				YES	NO
	Have you signed surety for someone else?				YES	NO
	Kindly give full details in respect of any YES answers above:					
10.	INCOME			EXPENSES		
	Your monthly income:			Bond / Rent:		
	Monthly income of spouse:			Motor vehicle instalment:		
	Other sources of income:			School fees:		
	Total monthly income:			Clothing accounts:		
				Cellphone account:		
				Furniture account:		
				Water & Electricity:		
				Rates & Taxes:		
				Credit Card payment:		
				Entertainment:		
				Other:		
11.	NEXT OF KIN					
	Give names, addresses and telephone numbers of two next of kin not living with you:					
	Name	Address			Telephone Number	

SIGNATURE: _____ DATE: _____