



APPLICANT'S CREDIT INFORMATION

1. APPLICANT'S REGISTERED NAME

TRADING NAME

2. REGISTRATION/TRUST/IDENTITY NUMBER

3. VAT REGISTRATION NUMBER

4. CURRENT BUSINESS TELEPHONE NUMBER

5. BUSINESS POSTAL ADDRESS
(including Postal Code)

6. CURRENT BUSINESS PHYSICAL ADDRESS

7. FULL NAME OF SIGNATORY

Authorised in terms of resolution, and acting on behalf of the Applicant

DESIGNATION

8. DETAILS OF SIGNATORY, ON BEHALF OF APPLICANT

CELLULAR PHONE NUMBER

EMAIL ADDRESS

IDENTITY NUMBER

(Please attach a copy of identity document)

9. DETAILS OF APPLICANT'S ACCOUNTING PERSON / PERSON TO WHOM MONTHLY RENT INVOICE MUST BE ADDRESSED:

FULL NAME

EMAIL ADDRESS

CELL NO/DIRECT LINE

10. NATURE OF BUSINESS TO BE CONDUCTED (USAGE)

11. YEARS EXPERIENCE IN AFOREMENTIONED BUSINESS AND ANNUAL TURNOVER

12. CURRENT LANDLORD NAME AND PHONE NUMBER

13. DIRECTOR/MEMBER/SURETY DETAILS SURETY

A. FULL NAME

IDENTITY NUMBER / PASSPORT NUMBER

RESIDENTIAL ADDRESS
(including postal code)

SURETY: YES NO

B. FULL NAME

IDENTITY NUMBER / PASSPORT NUMBER

RESIDENTIAL ADDRESS

SURETY: YES NO

C. FULL NAME

IDENTITY NUMBER / PASSPORT NUMBER

RESIDENTIAL ADDRESS
(including postal code)

SURETY: YES NO

14. BANKING DETAILS

A. BUSINESS CHEQUE ACCOUNT

ACCOUNT NUMBER

BANK

BRANCH NAME

BRANCH CODE

15. TRADE REFERENCE DETAILS

| Name of Company | Tel Number | Account No. | FOR OFFICE USE |
|-----------------|------------|-------------|----------------|
| | | | |
| | | | |
| | | | |

16. (Vacant premises; Non-nationals / Franchise deals)

| | YES | NO |
|--|-----|----|
| Are you a Sole Proprietor/ Partnership/ Trust? Only if yes, complete the attached Questionnaire. | | |
| Are you a Company or Close Corporation and is your turnover/ net asset value less than R2 million? Only if yes, complete the attached Questionnaire. | | |

17. The Applicant certifies and warrants that the information furnished is true and correct, that he/she has the authority to sign this application and that he/she has not misrepresented or concealed any material fact, which might have a bearing on the Landlord accepting this Offer.

18. The Applicant by its signature hereto authorises Growthpoint Management Services (Pty) Ltd (“GMS”) to conduct any reference / financial / credit checks on the business, the directors and sureties of the Applicant which they deem necessary, prior to the conclusion of any lease agreement, during the lease period, if applicable and/or renewals thereof.

I _____ hereby certify that the information supplied in this questionnaire is both true and correct.

Signed at _____ on this _____ day of _____ 2019.

(Full Name and Surname in print)

FOR AND ON BEHALF OF APPLICANT

BEING DULY AUTHORISED HERETO

Signed on behalf of the Applicant at _____ on this _____ day of _____ 2019.

(Full Name and Surname in print)

FOR AND ON BEHALF OF APPLICANT

BEING DULY AUTHORISED HERETO

CONSUMER PROTECTION ACT QUESTIONNAIRE

TO BE COMPLETED BY PERSON SIGNING AGREEMENT OF LEASE.

| | |
|-----------------------------|--|
| TITLE: | |
| FULL NAMES: | |
| SURNAME: | |
| POSITION IN COMPANY: | |

| | | |
|---|-----|----|
| I can read, write and understand English (please tick): | YES | NO |
| If no, what language can you read and write? Specify | | |
| If you cannot read, write and understand English and if you are representing a company/close Corporation, are there any persons employed in your company/close corporation that can read and write English? Specify [FULL NAMES] | | |
| Will you authorise this person to sign the Agreement on behalf of the company or close corporation? | YES | NO |

I have the following qualifications:

| | | |
|--|-----|----|
| Grade 12 | YES | NO |
| Tertiary diploma or degree (please specify) _____ | YES | NO |
| Other (please specify) _____ | YES | NO |

I have personally signed the following number of lease agreements:

- NUMBER OF AGREEMENTS:** **PLEASE CHECK THE APPROPRIATE BOX**
 0
 1-5
 6-10
 11-19
 20 or more

Please give a brief description of your experience in concluding agreements of lease of this nature:

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

TO BE COMPLETED IF THE TENANT IS A COMPANY OR CLOSE CORPORATION:

GROSS TURNOVER PLEASE CHECK THE APPROPRIATE BOX
R0 -R1 million.
Below R2 million.
R2 million or above.

The Tenant will have a gross asset value, at signature of this agreement in the sum of (for the purposes hereof all liabilities should be ignored) (see annexed financial statements or management reports hereto):

GROSS TURNOVER PLEASE CHECK THE APPROPRIATE BOX
R0 -R1 million.
Below R2 million.
R2 million or above.

How many premises of this nature have you leased in the past?

PREMISES PLEASE CHECK THE APPROPRIATE BOX
1-2
3-7
8-12
12 or more

CERTIFICATE:

I _____ hereby certify that the information supplied in this questionnaire is both true and correct.

Signed at _____ on this _____ day of _____ 2019.

(Full Name and Surname in print)

FOR AND ON BEHALF OF APPLICANT

BEING DULY AUTHORISED HERETO

Signed on behalf of the Applicant at _____ on this _____ day of _____ 2019.

(Full Name and Surname in print)

FOR AND ON BEHALF OF APPLICANT

FOR AND ON BEHALF OF APPLICANT

For office use only

Client Status: Platinum/Gold/
Silver

Fee Option %

Fee Value Required

Original Deposit

R

R

Authorised

Portfolio Manager

Sector Head

Fund/Credit

TO FACILITATE THE PROCESSING OF THIS OFFER AND THE FINALISATION OF RELEVANT DOCUMENTATION IT IS IMPORTANT THAT COPIES THE FOLLOWING REQUIRED DOCUMENTATION BE SUBMITTED WITH THIS COMPLETED OFFER, FAILING WHICH THIS OFFER WILL NOT BE PROCESSED.

| | |
|--|---|
| <p>Individuals</p> <ul style="list-style-type: none"> • Copy of ID/ Passport/ Drivers licence • Proof of address • Foreign natural address • Copy of valid Passport • Proof of address not older than 3 months | <p>Partnerships</p> <ul style="list-style-type: none"> • Partnership agreement • Partner's resolution nominating person making investment on behalf of the Partnership • Proof of address not older than 3 months |
| <p>Trusts</p> <ul style="list-style-type: none"> • Trust Deed • Letter of authority • Trustees' resolution authorising person making investment on behalf of the Trust. • ID or Passport of each trustee, each beneficiary, the founder and the person authorised to represent the Trust | <p>Non Listed Companies <i>(Including Section 21 Companies & Non Profit Organisations)</i></p> <ul style="list-style-type: none"> • Certificate Of Incorporation • Certificate Of Incorporation of a company not having a share capital, only to be used for Section 21 companies and Non Profit Organisations • Certificate of change of name of company, if applicable • Certificate of registered address Cor 21.1 • List of directors • Proof of address not older than 3 months |
| <p>Close Corporations</p> <ul style="list-style-type: none"> • Founding statement & certificate of Incorporation • Amending founding statement, if applicable • Member's resolution authorising the person making the investment on behalf of the CC • Personal details of each member, duly authorised representative and all persons holding more than 25% of the voting rights in the cc • Proof of address not older than 3 months | <p>Companies Listed On The JSE</p> <ul style="list-style-type: none"> • Registered name • Registration number • Registered address • Business name in South Africa • Head Office address • Income Tax Ref No. • Vat No. • Proof of address not older than 3 months |
| <p>Foreign Companies</p> <ul style="list-style-type: none"> • Registered name • Registration number • Registered address • Business name in South Africa | <p>Other Entities <i>(Churches, Foreign Embassies And Government)</i></p> <ul style="list-style-type: none"> • Constitution or Founding Document • Partner's Resolution nominating person |
| <ul style="list-style-type: none"> • Head Office address • Proof of address not older than 3 months • Last audited financial statements • Current management accounts • Website and industry • Client list in South Africa | <ul style="list-style-type: none"> • making investment on behalf of the Partnership • Government Gazette |

Client Status: Platinum/Gold/
Silver

Fee Option %

Fee Value Required

Original Deposit

R

R

Authorised

Portfolio Manager

Sector Head

Fund/Credit