



Postal Address:
Private bag X46
Lynwood Ridge 0040
Street Address:
Office A365
Lynnridge Mews
Hibiscus Street 22
Lynwood Ridge 0081
Tel: 087 809 1691

APPLICATION FORM

APPLICANT _____ REG NO _____

LTD (PTY) LTD CC SOLE PROPRIETOR PARTNERSHIP TRUST ASSOCIATION

STREET ADDRESS _____ POSTAL ADDRESS _____
CODE: CODE:

DATE ESTABLISHED _____ NATURE OF BUSINESS _____

HOW LONG UNDER EXISTING MANAGEMENT _____

TEL NO _____ FAX NO _____ WEB ADDRESS _____

BANKERS _____ BRANCH _____ ACCOUNT NUMBER _____

PERIOD WITH BANKERS YEARS MONTHS VAT Registration Number: _____

FACILITIES WITH BANKS				
TYPE OF ACCOUNT	INSTITUTION	TELEPHONE NUMBER	CONTACT PERSON	ACCOUNT NUMBER

SHAREHOLDING			
HOLDING COMPANY/DIRECTORS/MEMBERS	ID NUMBERS/REG NO	SHARE %	RESIDENTIAL ADDRESS
1.			
2.			
3.			
4.			
5.			
6.			

IN WHO'S NAME IS THE PROPERTY REGISTERED	CURRENT VALUE	BOND AMOUNT OUTSTANDING	MARITAL STATUS (ANC/COP)
1.			
2.			
3.			
4.			
5.			
6.			

AUDITORS _____ INSURANCE CO _____ LANDLORD _____
 TEL NO _____ TEL NO _____ TEL NO _____
 FAX NO _____ FAX NO _____ FAX NO _____
 CONTACT _____ CONTACT _____ CONTACT _____
 POLICY NUMBER _____ PERIOD AT ADDRESS _____

TRADE REFERENCES	TEL NO	MAJOR CLIENTS	TEL NO

EQUIPMENT _____
 VALUE _____ Incl Vat RENTAL _____ EXCL VAT UPGRADE NEW _____
 TERM _____ MONTHLY QUARTERLY YEARLY ESCALATION _____%
 SUPPLIER _____ TEL NO _____ FAX NO _____
 CONTACT _____ ADDRESS _____

I / we consent to the Credit Provider or its cessionary making enquiries about my / our credit record with any credit reference agency and any other party to confirm the details on this application. The Credit Provider or its cessionary may also provide credit reference agencies with regular updates regarding how I / we manage my account, including my / our failure to meet agreed terms and conditions. I / we consent that credit reference agencies may, in turn, make the records and details available to other credit grantors. The Credit Provider or its cessionary may also give this information to any person who in its opinion, needs it to carry out any of the Credit Provider or its cessionary's rights or duties in terms of the contract or any law pertaining to the products I / we have requested.

I certify that the above details are true and correct

SIGNATURE _____ FULL NAME _____ CAPACITY _____ DATE _____



AMGFin RENTAL OPTION

Dear Applicant

Thank you for your interest in the Business to Business Operational Rental option.

We will need the following documentation and information to enable us to proceed with an application:

- A signed credit application form
- Pro-forma supplier invoice or quotation
- Full description and or brochure on asset
- Copy of ID of directors
- Cancelled Company cheque
- A Company letterhead
- Copy of company registration documents
- Company Profile or description
- Any contracts backing the use of the equipment (if applicable)
- Personal assets & liabilities of directors
- 3 months bank statements
- Latest Audited Financial Statements
- Up to date Management Accounts
- Debtors and Creditors age analysis
- Insurance and Landlord details

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