



IN-CENTRE BARROWS APPLICATION

COMPLETED BUSINESS PROPOSAL SHOULD BE DELIVERED TO:

Centre Management
Mezzanine (Between Clicks & Pick 'n Pay – Entrance 2 or 3)
Wonderpark Shopping Centre, Karenpark, Akasia

Contact Person: **Tiisetso Mashiane**
Tel: 012 549 1690

BUSINESS IDEA - COMPULSARY

- Type of business / Products to be sold
- Targeted Market

APPLICATION FORM

COMPANY DETAILS

Individual / Full Names : _____

Identity Number : _____

Residential Address : _____

Telephone Numbers : _____

Company / CC Name : _____

Registration Number : _____

Current Physical Business Address : _____

Postal Address : _____

Telephone Number : _____

Fax Number : _____

Email : _____

Cell : _____

COMPANY / CC REPRESENTATIVE

Full Names : _____

Identity Number : _____



BANK DETAILS

Account Holder Name : _____
Bank Name : _____
Branch Name and Number : _____
Account Number : _____
Contact Person at Bank : _____
Telephone Number : _____

TRADE REVFERENCES

1. Name of Company : _____
Account Number : _____
Telephone Number : _____
2. Name of Company : _____
Account Number : _____
Telephone Number : _____

PRESENT LANDLORD

Company Name : _____
Contact Person : _____
Telephone Number : _____
Premises Address : _____

SURETIES FOR COMPANY

Full Name : _____
Identity Number : _____
Residential Address : _____
Work Address : _____
(Where different to company address) : _____
Married ANC / COP : _____
Name of Spouse : _____
ID Number of Spouse : _____



PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS WHERE APPLICABLE:

- a) **Sole Proprietor** : Identity Document(s)
: Copy of Utility Bill (Address Verification)
: Copies of VAT Certificate/ Income Tax (SARS)
- b) **Close Corporation** : Founding Statement
: Resolution
: CK Document (CK1)
: ID Documents of Members
: Copies of VAT Certificate/ Income Tax (SARS)
: Copy of Utility Bill (Address Verification)
- c) **Partnership** : Identity Document(s)
: Partners Identity Documents
: Copy of Utility Bill (Address Verification)
- d) **Proprietary Limited** : Resolution
: Certificate of Incorporation
: Directors ID Documents
: Copies of VAT Certificate/ Income Tax (SARS)
: Copy of Utility Bill (Address Verification)
- e) **Trust** : Letter or Resolution
- f) **Limited** : Resolution
: CM1
: Identity Number

CREDIT CHECK

The signatory hereof hereby grants permission to Broll Property Group to conduct a credit check in respect of the above-mentioned individuals and/or company with any registered credit bureau/s in order to obtain consumer credit information relating to the above-mentioned individuals and/or company including, but not limited to, above-mentioned individuals and/or company's credit history, financial history and identity. The above-mentioned individuals and/or company hereby indemnifies and holds Broll Property Group harmless against all and any claims whatsoever and howsoever arising as a result of the aforesaid credit check.

I, _____, in my capacity as
_____ declare that the above information is
both true and correct.

Name : _____

Signature : _____

Date : _____

FOR OFFICE USE ONLY

ITC Check

Yes	No
Yes	No
Yes	No

If Yes, copy attached

Credit Inform

Yes	No
Yes	No
Yes	No

If Yes, copy attached

Vericheque

Yes	No
Yes	No
Yes	No

If Yes, copy attached

Bank Code Requested

Yes	No
Yes	No
Yes	No

If Yes, copy attached

Previous Landlord

Institution	Contact Person	Tel. No.	Comments

Previous References

Institution	Contact Person	Tel. No.	Comments