CONDITIONS OF ACCEPTANCE

CONTACT US:

This application is accepted for consideration by ITHALA subject to the following terms and conditions.

- 1. Acceptance of this application by ITHALA in no way implies that a loan in terms of this application will be granted.
- This application is subject to approval, which is made at the sole discretion of ITHALA in terms of its lending criteria.
- Notwithstanding the approval of a loan, certain loan conditions may still need to be met prior to funds being advanced.
- The applicant shall sign such documents and agreements as ITHALA shall require, which documents shall be cancelled if this application is declined.
- An initiation fee may be payable on signing of the business loan agreement in accordance with the National Credit Act.
- 6. Should an own contribution in cash be required prior to the approval of this application, such own contribution will be invested by ITHALA in an interest bearing account, for the benefit of the applicant. The interest shall be that as paid by Ithala SOC Ltd on its Savings Accounts from time to time.
- Where a valuation on fixed property is required, a non-refundable fee as specified by Ithala (where Ithala undertake
 to value or have the property valued), may be payable prior to the valuation being conducted.
- 8. ITHALA is entitled to make whatever enquiries it feels necessary, including credit bureau to assess your application for a loan. If a loan is approved, ITHALA is further entitled to register details regarding the conduct of your account with credit bureaus.

ITHALA HEAD OFFICE

REGIONAL OFFICES

Customer Service: 031 907 8610 | Email: complaints@ithala.co.za | Tip-off hotline: 0800 33 36 63

		1 001/12/10011200	TITTI CELLINE	KEGIGITA E GITIGES
PHYSICAL ADDRESS		PO. Box 2801	Tel: (031) 907 8911	Durban : (031) 372 1200
29 Canal Quay Road		DURBAN	Fax: (031) 907 5606	Pietermaritzburg: (033) 345 8351
Point WaterFront		4000		Richards Bay: (035) 789 9682
Dur	ban			
1. 1.1	LOAN REQUIREME Tick relevant type a	ENTS nd complete amount reque	ested	
	Grant Funding R:			
	Working Capital R :			
1.2.	Reason for which fir			

POSTAL ADDRESS

2. BUSINESS INFURIMA	IU	N - TICK TYPE OF	BU2	INESS INFORMA	AHON			
2.1 Individual / Sole Proprietor			☐ Close Corporation					Company
Partnership				Co-Operative				Trust
Other				If Other Specify:				
2. 2 New Business:				Existing Business				
Nature of Business:								
2. 3 Language Preference				English				Zulu
2. 4 Method Of Contact				Phone	☐ Email			Letter
3 APPLICANTS BUSINES	SS	PARTICULARS						
Business Entity Name	:							
Trading Name	:							
Id/Co/Cc/Tt/ Registration No	:		*******					
Physical Business Address	:							
Business Postal Address	:							
						Dastal Cad		
Telephone	2				•••••			
Email Address	:							
Fax	:							
Mobile Number	:							
Bankers	:			Tele	phone No.: .			
Auditors	:			Tele	ephone No.:			
Existing/Past Ithala	:					Туре:		
Accounts: Acc. No								
Tax Number	20							
	۰	***************************************			••••••••••	•	*******	
Vat Number	٠				•••••			
G.P.S CO-Ordinates	:				•••••			
BEE Status	:							
Subsidiaries & Associated Companies	:						•••••	
Name	:		•••••					
Relationship	:							

Has any director shareholder / member been declared insolvent or have any recorded default/ judgement? If yes, provide
details, arrangements and/or date of rehabilitation. YES / NO
Note: This declaration is to be completed for the applicant entity and any person or entity providing surety for the loan
Applicants Name:
Financial Details Of:
Statement Of Assets And Liabilities As At: Signature:

NON CURRENT ASSETS

Fixed Property - Description Of Asset	Date of Purchase	Price Paid R	Current Value

VEHICLE, MACHINERY AND EQUIPMENT

Description of Assets	Cost	Dep. Book Value	Market Value

OTHER

Description of Assets	Cost	Dep. Book Value	Market Value
Computers			
Office Equipment			
Breeding Livestock			
Other			

INVESTMENTS/INSURANCE POLICIES

Description	Date Aquired	Monthly Premium	Surrender Value

CURRENT ASSETS

		Current Value
Stock		
Debtors		
Cash (including positive bank balance)		

Total Assets R

LONG TERM LIABILITIES

Description	Institution	Original Amount	Rem. Term	Int.rate	Instalment	Current Balance

INSTALMENT AND LEASE TRANSACTIONS

Description	Institution	Original Amount	Rem Term	Int.rate	Instalment	Current Balance

OTHER LOANS

Description	Institution	Original Amount	Rem Term	Int.rate	Instalment	Current Balance

CURRENT LIABILITIES

	Current Balance
Bank Overdraft	
Tax Owed	
Creditors	
Other	

Total Liabilities R

Net Asset Value (A-B)

COPIES OF DOCUMENTS REQUIRED TO ACCOMPANY THE APPLICATION

Document	Sole Props & Close Partnerships Corporations		Companies		Trust			OTHER LEGAL ENTITIES	
	Tartherships	Cc Members		Co Directors		Trust Trustees Founders			
ID's of owners, member, directors	√		/		✓		/	1	
Authorised representative									/
Marriage certificate of above	/		1		✓		/	/	
Founding Statements		1							
Certificate to Commence Business				/					
Memo & Articles of Association				/					
Deed of Trust						1			
Authorisation to act as Trustees						1			
Constitution				/		1			/
Tax clearance	✓	1		/		/		√	✓
Proof of physical address (Business and Individuals)	✓	1	✓	1	1	1	1	✓	✓
Proof of telephone number	1	/	/	/	√	1	/	1	/
Proof of cell phone number	1	/	1	1	1		/	1	/
Notice of Reg. office physical address				√					
Notice of Reg. office postal address				√					
Details of Assets and Liabilities	1	/	✓	✓	1	1	√	√	✓
Curriculum Vitae of key individuals	/		1		1		/	/	/

OTHER DOCUMENTS REQUIRED (tick those required) COPIES OF:

Last 2 years annual statement	Disclosure document of franchise
Latest management accounts	Financial statements of franchisor
Last 6 months bank statements	Buy back agreement
Business plan of the venture	Contracts / Orders
Sale agreements	Life assurance policy to be ceded
Lease agreements	Existing comprehensive insurance policies
Quotes for goods to be financed	Cashflow of contracts
Title deeds of property to be financed	Certificate of registration of business vehicles
Proof of collateral to be provided	Schedule of completed contracts and references
Franchise agreement	

PERSONAL INCOME AND EXPENDITURE OF SURERITIES/ MEMBERS/SHAREHOLDERS

Name of applicants	Date	/	
Marrie of applicant.	 Date.		

Monthly Income

	R
Salary	
Salary of Spouse	
Commissions	
Investments	
Other	
Total Income	

Monthly Expenditure

	R
Taxation (PAYE)	
Medical Aid	
Bond Repayments	
Hire Purchase Agreements	
Lease Agreements	
Credit Card Accounts	
Insurance Premiums	
Loan Repayments	
Electricity and Water	
School fees	
Rates & Taxes	
Transport	
Groceries	
Clothing	
Telephone	
Other	
Total Expenditure	
Surplus Available	

1. Are you or your spouse (if married	d in commun	ity of prop	perty) cu	rrently un	der debt	review?	YES	NO	7
2. Are you or your spouse (if married	d in commun	ity of pro	perty) cu	rrently ins	olvent or	ever bee	n declare	d insolver	⊐ nt?
							YES	NO	
If Yes, date reliabilitated.	Y	Y	Y	Υ	М	M	D	D	_
I/We hereby declare that this is a full t	rue and corre	ct stateme	ent of my	our financ	cial positio	on.			_
Dated: at	***************************************					on the			day
of			(N	Month) 20	••••••	. Signatur	e of applic	cant:	
4. PARTICULARS OF INDIVIDUALS	5								
To be obtained for all sole proprieto all persons providing personal deed body representing the applicant and	s of suretysh	ip, each b							
Surname:									
Type Of Identity:									
I.d. Number:				Date Of Bi	irth:				
Marital Status:			1	How Marri	ied:				
Residential Address:									
Postal Address:									
E-Mail Address:									
Home Telephone No:			c	ode: Cell	ular:				
Relationship To Business:	•••••		P	ercentage	Interest:	:			
Surname:			F	irst Name	:				
Type Of Identity:				Gender Co	ode:				
I.d. Number:									
Marital Status:				How Marri	ied:				
Residential Address:									
						Postal Co	ode:		

Postal Address:				
		Postal Code:		
E-Mail Address:				
Home Telephone No:	Code:	Cellular:		
Relationship To Business:	Percentage Ir	nterest:		
Surname:	First Name:			
Type Of Identity:	Gender Code:			
I.d. Number:	Date Of Birth:			
Marital Status:	How Married:			
Residential Address:				
		Postal Code:		
Postal Address:				
		Postal Code:		
E-Mail Address:				
Home Telephone No:	Code:	Cellular:		
elationship To Business:				
			-	
PARTICULARS OF COMPANIES, CC OR TRUSTS	PROVIDING SURETY			
Name Tra	ding Name:			
Reg. Number:				
Physical Address:				
Registered Office Postal Address:				
Registered Office Physical Address:				
Registered Office Physical Address.				
Postal Address:				
E-Mail Address:				
Telephone No	Code:	Cellular:		

5. ITEMS TO BE FINANCED (include values)	VALUE				
Description:	R				
	R				
	R				
	R				
	R				
(N.B. For plant and machinery loans provide as much details as possible about the transaction including specifications, quotations, etc.)					
6. SECURITY OFFERED	VALUE				
Description:	R				
	R				
	R				
	R				
	R				
7. ASSETS TO BE INVESTED / OWN CONTRIBUTION	74				
Cash:					
Moveables:					
Stock:					
Other:					
8. MARKETING INTELLIGENCE					
8.1 How did you hear about Ithala?					
□ Newspaper:Name of Newspaper:					
☐ Radio:Name of Radio Station:					
☐ Magazine:Name of Magazine:					
□ Personal Contact:Name of Person:					
□ Property Broker:Name of Company/Person:					
☐ Other:					
8.2 From time to time we would like to send you information about our other products o	r services which we believe may be				
of interest to you. If you would like to recieve this information tick the relevant box below	. Please send me this information				
by:					
9. DECLARATION					
I, (full name) confirm the accuracy o	f the particulars herein given and				
agree that they form the basis upon which the application $$ is to be considered $$ and $$ t	hat any discrepancy subsequently				
discovered $$ may result in the withdrawal $$ of any loan facilities that may be offered.					
Date: Signed:					
For And On Behalf:	(Name Of Applicant Co.)				
Signature:	1000 2				