

RENEWED GROUP Specialized Finance & Insurance

LTD FOR INDIVIDUAL DOCUMENTS NE	(PTY) LTD	СС				
		•	CC SOLE PROPRIETOR		PARTNERSHIP	INDIVIDUAL
DOCUMENTS NE	. APPLICANTS:					
	EDED: 3 MONTHS BANK S	STATEMENTS, 3 MON	THS SALARY AD	VISES, COPY OF I)	
Street Address	s:			Postal address:	_	
Coc	de l			Code		
				Email Address:		
Cell No.						
FOR BUSINESS	ADDI ICANTO					
	EEDED: 3 MONTHS BANK S	TATEMENTS, COMP.	ANY REGISTRATI	ON DOCUMENTS,	COPY OF ID(DIRECTOR/S	HAREHOLDERS)
Street Address	S:			Postal address:		
Coo	de			Code		
Date Establishe	ed		Natu	re of Business:		
How long under	existing management?					
Tel No.	Ce	ell No.		Email Address:		
				•		
Banker		ranch		Account No.	_	
Period with Banke	rs: Years	Months		VAT No.		
Chanabaldina.						
Shareholding: Holding Con	npany / Directors / Member	s ID Nr /	Reg. Nr	Share %	Resid	ential Address
1 2						
3						_
Equipment to be Supplier		el No.	Address			Contact
Make		Model:Accessories			_	
Price: R	inc	VAT Te	erm: 12 months		24 months	36 Months
I /We agree that Ren	ewed Group (Pty) Ltd/Finmarque (F	ty) Ltd or its cessionary ma	y make inquiries to cor	nfirm any information pro	vided by the Company to Renewe	d Group (Pty) Ltd/Finmarque (Pty) Ltd o
party source (inclu	ding my bank and CIPC) when ass	essing the information provi	ided herein. I authorise	Renewed Group (Pty) L	td/Finmarque (Pty) Ltd or its cession	egistered credit bureau, or any other thi onary to conduct a credit report on the
Company. In the	event of the company settling invoice	es by debit order, Renewed	d Group (Pty) Ltd/Finma	arque (Pty) Ltd or its ces	sionary will be required to do an ac	nary to conduct the credit enquiry on the count verification check to verify that Group (Pty) Ltd/Finmarque (Pty) Ltd or

I furthermore warrant that all information supplied to Renewed Group (Pty) Ltd/Finmarque (Pty) Ltd or its cessionary is to the best of my knowledge true and correct, that I am not aware of any other information that would affect the services application of the Company in any way and that I am authorised to sign this document.

Please tick here if you would NOT like to be contacted regarding insurance.

the information for lawful purposes to third parties.

Signature: Full Name: Date:

PLEASE CONTACT ONE OF OUR CONSULTANTS SHOULD YOU HAVE ANY QUESTIONS OR QUERIES:

