

## APPLICATION FOR FINANCE BY A LEGAL ENTITY

Please take note of the following important points

- This form should be completed in respect of the business applying for financial assistance.
- This form should, on full completion, be signed and returned to Albaraka Bank Limited.
- You are free to enclose further information which you consider relevant to your application

Applicant:

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Please Note

The information which an applicant supplies in support of this application will form the basis upon which the granting of finance will be considered. If it is found that false information has been supplied or that important information has been withheld, the bank may, notwithstanding anything to the contrary, refuse further consideration of the application, or withdraw the facility. An administration/facility fee will be charged by Albaraka Bank Limited on approval of the facility. All information will be regarded as confidential.

I, the undersigned, hereby declare and confirm that the information supplied herein and attached hereto, is true, correct and complete in all respects and I accept the terms embodied in the immediately preceding paragraph.

\_\_\_\_\_  
Signature of director, member, trustee who  
warrants that he is duly authorised hereto

\_\_\_\_\_  
DATE

### FOR OFFICE USE

DATE RECEIVED	
CONSULTANT	
NCA/NON NCA	

**1. APPLICATION DETAILS**

Name of Legal Entity: \_\_\_\_\_ Trading Name: \_\_\_\_\_  
 Type of Entity: - \_\_\_\_\_ Other (Please Specify): \_\_\_\_\_  
 If Trust, Number of Trustees: \_\_\_\_\_ Is any Trustee a Juristic Person: \_\_\_\_\_  
 Registration No: \_\_\_\_\_ Tax No/NPO: \_\_\_\_\_  
 Vat No: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Physical Address (From where the business is or will be operating)

Street Name: \_\_\_\_\_  
 Suburb/Township: \_\_\_\_\_ Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 District Municipality: \_\_\_\_\_  
 Postal Address (If different from physical address) \_\_\_\_\_  
 Street Name: \_\_\_\_\_  
 Suburb/Township: \_\_\_\_\_ Town/City: \_\_\_\_\_ Province: - \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Contact Details: Contact Person(Full Name): \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Telephone (Work): \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**2. OWNERSHIP STRUCTURE/ MANAGEMENT STRUCTURE**

Shareholders/Members/Trustees/ Partners/Office Bearers	ID Numbers/Registration Number	% Shareholding/Membership/ Partnership
Directors	ID Number	

**3. ACCOUNTANT/ AUDITOR DETAILS**

Name of Accounting Firm: \_\_\_\_\_ Contact Person (Full Name): \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Telephone (Work): \_\_\_\_\_  
 Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**4. LANDLORD'S DETAILS** (Please indicate the name and address of Landlord where applicant entity is not the owner of the property)

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Street Name: \_\_\_\_\_  
 Suburb/Township: \_\_\_\_\_ Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Postal Address (If different from physical address) \_\_\_\_\_  
 Street Name: \_\_\_\_\_  
 Suburb/Township: - \_\_\_\_\_ Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**5. FINANCE REQUIRED**

Source of funds at initial deposit (Excluding Trade Finance): \_\_\_\_\_  
Expected source of funds during business relationship: \_\_\_\_\_

**6. MOTOR VEHICLE - TRANSACTION DETAILS**

Dealer Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Description/Make/Model: \_\_\_\_\_ Mileage: \_\_\_\_\_ Purpose: \_\_\_\_\_  
Purchase Price: \_\_\_\_\_ Deposit/ Trade-In Available: \_\_\_\_\_  
Balloon Payment/Residual: % \_\_\_\_\_ Period: \_\_\_\_\_ Finance Amount Required: \_\_\_\_\_

**7. MOTOR VEHICLE REVOLVING FACILITY - TRANSACTION DETAILS**

Amount of facility Required: \_\_\_\_\_

**8. MOTOR VEHICLE ONCE-OFF FACILITY - TRANSACTION DETAILS**

Amount of facility required: \_\_\_\_\_

**9. EQUIPMENT - TRANSACTION DETAILS**

Type of Equipment: \_\_\_\_\_  
Supplier: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Contact No: \_\_\_\_\_  
Term of Finance: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Purchase Price: \_\_\_\_\_ Deposit: \_\_\_\_\_ Finance Amount: \_\_\_\_\_

If equipment is to be sourced from an overseas supplier, please ensure all costs are factored into the purchase price.

**10. EQUIPMENT REVOLVING FACILITY - TRANSACTION DETAILS**

Amount of facility required: \_\_\_\_\_

**11. EQUIPMENT ONCE-OFF FACILITY - TRANSACTION DETAILS**

Amount of facility required: \_\_\_\_\_

**12. PROPERTY TO BE PURCHASED/ DEVELOPED/ PURCHASE OF EQUITY/ PURCHASE OF ADDITIONAL EQUITY**

Reason for Finance: \_\_\_\_\_  
Type of Property: \_\_\_\_\_  
Title Deed Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Street Address: \_\_\_\_\_  
Suburb/Township: \_\_\_\_\_ Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
District Municipality: \_\_\_\_\_ Local Municipality: \_\_\_\_\_  
Seller: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Is seller in any way related to the applicant, applicant shareholders, directors, members, trustees of a trust or beneficiary of a trust?

If YES please provide Details: \_\_\_\_\_

Description: \_\_\_\_\_  
Area of Land (m<sup>2</sup>): \_\_\_\_\_ Buildings (m<sup>2</sup>): \_\_\_\_\_  
Seller's Agent: \_\_\_\_\_ Expiry Date of Offer/Option: \_\_\_\_\_  
Purchase Price: \_\_\_\_\_ Deposit: \_\_\_\_\_ Finance Amount: \_\_\_\_\_ Term of Finance: \_\_\_\_\_  
Gross Monthly Rental Income: \_\_\_\_\_ Gross Monthly Expenses: \_\_\_\_\_  
Purpose for which Property is Required: \_\_\_\_\_

**13. TRADE FACILITY**

Amount of Finance Required: \_\_\_\_\_  
Goods to be Sourced: \_\_\_\_\_

**14. GUARANTEE - Please Forward Format of Guarantee Letter with Application**

In whose Favour is Guarantee to be Established?

Purpose of Guarantee:

Security for Guarantee	Value of Security

**15. BANKING DETAILS**

Name of Institution: -

Branch Name: \_\_\_\_\_

Branch Code: \_\_\_\_\_

Type of Account: -

Name of Account Holder: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date Account Opened: \_\_\_\_\_

**16. INSURANCE DETAILS**

Insurance Company/Broker: \_\_\_\_\_

Contact Person/Broker Details: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Policy number: \_\_\_\_\_

**17. SECURITY OFFERED**

	Value	Existing Commitment	Residual Value Available to ABL
Fixed Property Commercial/Industrial			
Fixed Property Residual			
Moveable Assets			
Debtors			
Insurance Policies (Surrender Value)			
Investments:			
Other			

**18. TRADE REFERENCES**

Please provide us with details of two business or trading associates who we may contact for a trade reference.

	Reference 1	Reference 2
Name of Contact Person		
Name of Business		
Business Telephone Number		

**19. PREVIOUS/ CURRENT DEALINGS WITH ALBARAKA BANK LIMITED**

Does the company, its subsidiary, holding company, related company, shareholders, members, partners, trustees or beneficiaries of trust have dealings with Albaraka Bank Limited:

If Yes, please advise details of the person, legal entity and the type of dealings with the bank.

Full Name	ID Number/Registration Number	Investment	Finance	Transactional/Forex

**20. MARKETING OPTIONS**

A. I would like to be included in any Telemarketing Campaign.

B. I would like to be included in any Marketing List that you may distribute.

C. I would like to be included in any mass distribution of Emails or SMS messages.

D. I would like to be informed about the services or products of any other company associated with Albaraka Bank Limited and such company may contact me directly.

**21. DECLARATION AND WARRANTIES**

1. I warrant that all information given to Albaraka Bank Limited ("the Bank") by me in terms of this application or otherwise is true, accurate and complete in every aspect and I agree that such information shall constitute prima facie proof of the facts contained therein. I undertake to notify the Bank of any changes to information provided by me.
2. I consent to the Bank verifying the information contained in this application and/or any other information furnished by me.
3. I consent to the Bank furnishing any information and/or documentation in relation to any accounts, including my compliance with the conditions thereof, to any entity within the Al Baraka Group, any bank, surety and any credit bureau and as required by law.
4. I hereby declare and warrant that I have complied with all applicable legislation and regulations governing all my activities and I shall continue to ensure compliance with all such legislation and regulations.
5. I recognise and understand that the Bank is an accountable institution for the purpose of the Financial Intelligence Act. 38 of 2001 (FICA) and the regulations issued in terms thereof and, accordingly, I agree to provide such information or documentation as the Bank may require.
6. If my application is successful, I agree that the facility granted to me by the Bank will only be available to me once I have signed the relevant agreement and once all conditions have been fulfilled.
7. I promise, if my Murabaha application is successful, to purchase the goods described in the invoice from the Bank after the first sale is concluded.
8. By signature hereto, I consent to the Bank using my confidential personal information which may be protected by the data protection legislation, for any lawful reason, or any lawful purpose prescribed or permitted by law to process this Application.

\_\_\_\_\_  
Signature of Applicant:

\_\_\_\_\_  
Date

## PERSONAL INFORMATION SURETY/GUARANTOR

### Personal Details

This form is to be completed by the individuals/partners/directors/shareholders/members/trustees and any person who is to sign as surety.

Title: \_\_\_\_\_ Initials: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Race (For statistical purposes only) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 SA Identity Number: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_ How long at current address: \_\_\_\_\_  
 Nature of Residence: \_\_\_\_\_ Unit/Flat Number: \_\_\_\_\_  
 Complex/Flat Name: \_\_\_\_\_ Street Number and Name: \_\_\_\_\_  
 Suburb/Township: \_\_\_\_\_ Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 District Municipality: \_\_\_\_\_ Local Municipality: \_\_\_\_\_  
 Postal Address (If different to residential address) \_\_\_\_\_ P.O. Box Number: \_\_\_\_\_  
 Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Contact Details:  
 Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Email Address: \_\_\_\_\_ How best can we contact you: \_\_\_\_\_

### Personal Career History

Employer/Business	Period	Designation

Highest Education, Technical and Professional Qualification (Preferably attach a curriculum vitae)

Other Interest Companies, Close Corporations, Partnerships and Trusts

Business	Registration Number	Shareholding %	Capacity

### Financial Position

Have you ever applied for debt review/over-indebtedness/approached a debt counsellor?

Has a court ever declared you over-indebted or your credit agreement reckless?

Have you ever been sequestrated?

If yes, have you been rehabilitated?

### Relationship to Legal Entity

In what capacity will you be associated with the business? \_\_\_\_\_

What monthly income do you expect from the business which is to be financed? R \_\_\_\_\_ per month

Your present monthly income R \_\_\_\_\_ and, if applicable, of your spouse R \_\_\_\_\_

What is, or will be your percentage equity/ shareholding in the business? \_\_\_\_\_

1. Are you a member of a political party or hold any position of public office?
2. Do you hold any position in local or foreign government?
3. Does your occupation require you to file a public asset disclosure?
4. Are you a family member or close associate to any person mentioned above?

If the answer to any of these questions is "yes", please complete Questionnaire

**Marital Details**

Marital Status: - \_\_\_\_\_ Marital Contract Type: - \_\_\_\_\_ Date Married: \_\_\_\_\_  
Number of Dependants: \_\_\_\_\_ Ages: \_\_\_\_\_  
Spouse's Details:  
First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Country of Birth: - \_\_\_\_\_ Nationality: - \_\_\_\_\_  
SA Identity Number: \_\_\_\_\_

**Personal Banking Details**

Bank Name: - \_\_\_\_\_ Branch: \_\_\_\_\_ Branch Code: \_\_\_\_\_  
Account Holder: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Type of Account: - \_\_\_\_\_

**Declarations and Warranties**

1. I warrant that all information given to Albaraka Bank Limited ("the Bank") by me in terms of this application or otherwise is true, accurate and complete in every aspect and I agree that such information shall constitute prima facie proof of the facts contained therein. I undertake to notify the Bank of any changes to information provided by me whether in terms of this application or otherwise.
2. I consent to the Bank verifying the information contained in this application and/or any other information furnished by me.
3. I consent to the Bank furnishing any information and/or documentation in relation to any accounts, including my compliance with the conditions thereof, to any entity within the Al Baraka Group, any bank, surety and any credit bureau and as required by law.
4. I hereby declare and warrant that I have complied with all applicable legislations and regulations governing all my activities and I shall continue to ensure compliance with all such legislations and regulations.
5. I recognise and understand that the Bank is an accountable institution for the purpose of the Financial Intelligence Act. 38 of 2001 (FICA) and the regulations issued in terms thereof and, accordingly, I agree to provide such information or documentation as the Bank may require.
6. By signature hereto, I consent to the Bank using my confidential information which may be protected by the data protection legislation, for any lawful reason, or for any other lawful purpose prescribed or permitted by law to process this Application.

I, the undersigned declare that the information supplied herein and attached here is to the best of my knowledge and ability, true, correct and complete in all respects and accept the terms embodied in this application.

\_\_\_\_\_  
Signature of Applicant:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Spouse (If married in COP):

\_\_\_\_\_  
Date: