

DOCUMENTS NEEDED FOR A BUSSINESS APPLICATION

For the Business:

Completed Juristic Application

C.K. documents

Proof of Business Address

4 Months bank statements. (If other than the bank the finance is placed with)

Fully completed IDX concent form

Fully completed Source of Funds document (For Juristic)

Traffic Register certificate - (for us to be able to register on Co. / Pty's name)

Info also needed that is not asked on the application:

Rent / Bond per month

Overdraft limit and currant balance

Company's estimated monthly expenses.

Per Member of the Business

Completed Surety Application

Id

Driver's license

Proof of residential address

Latest payslip, if income other than from the business.

Fully completed Source of Funds document (For private individual)

Fully completed IDX concent form

Juristic Application for Finance

<p>Type of Entity: Co <input type="checkbox"/> CC <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Club/Church <input type="checkbox"/> Other <input type="checkbox"/> If Trust, no.Trustees _____ Any Trustee a juristic person? Y <input type="checkbox"/> N <input type="checkbox"/> % Black owned _____ Co/CC/Trust Reg.No. _____ Co/CC/Trust Name(Reg. Name) _____ Trading Name _____ Tax No. _____ VAT No. _____ Holding Company Registration Number _____ Holding Company Name _____ Address:(Yrs ___Mnths ___) _____ Suburb _____ Postal Code _____ Postal Address:(If Different from Residential) Suburb _____ Postal Code _____ Landlord's Details: (Name & Address of Landlord if not owner of property) Landlord's Name: _____ Landlord Address: _____ Suburb _____ Postal Code _____</p> <p>Banking Details: Banker's Name _____ Branch _____ Branch Code _____ A/C No. _____ Name of Auditors/Bookkeepers _____ Auditor's Contact Person _____ Tel No. (_____) _____ Ann. Turnover:R _____ Net Asset val:R _____</p> <p>Previous or Current Amounts owing to Financial Institutions:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 25%;">Account No.</th> <th style="width: 25%;">Instal. Amount</th> <th style="width: 25%;">Bal.Owing</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Description of other Property registered in Company Name: Stand No. _____ Suburb _____ Bondholder Name _____ Bondholder Address _____</p> <p>Purchase Price R _____ Date of Purchase ____/____/____ Present Value R _____ Outst.Value-bond R _____</p> <p>Financial Details: Selling Price (VAT inclusive) R _____ Extras Description _____ R _____ _____ R _____ _____ R _____ _____ R _____ Total of Extras R _____ Sub Total R _____ Insurance R _____ Insurance R _____ Insurance R _____ Less Deposit /Initial Rental R _____ Principal Debt R _____ Trade Price R _____ Retail Price R _____ Residual/ Balloon Value R _____ Initiation/ Processing Fees to be financed? Y <input type="checkbox"/> N <input type="checkbox"/></p>	Name	Account No.	Instal. Amount	Bal.Owing													<p>Dealer Code _____ Orig. Branch _____ Input Branch _____ Cr.Prov.Intr Brn _____ Marketer's Code _____ Name _____ Marketer's ID No. _____ Fax No.(_____) _____ LeadProv _____ ID No. _____ BuyLne: _____ AccNo: _____ SIC: _____ Language of Choice: English <input type="checkbox"/> Afrikaans <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Registered Office Address _____ No.years in business _____ Nature of Business _____ TelNo.(_____) _____ Fax No.(_____) _____ E-mail Address _____</p> <p>Authorised Signatories as per resolution</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">ID No.</th> <th style="width: 33%;">Designation</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p style="text-align: center;">Indicate if prepared to guarantee facility/deal *</p> <p>FULL Names & ID No. of all Directors/Members/Partners/Trustees</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 17%;">ID No</th> <th style="width: 17%;">*Yes/No</th> <th style="width: 33%;">%Share</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Foreign Controlled? Y <input type="checkbox"/> N <input type="checkbox"/> Percentage? _____% Contact Person _____ Designation _____</p> <p>Transaction Type: Instalment Sale <input type="checkbox"/> Lease <input type="checkbox"/> Rental <input type="checkbox"/> Term Loan <input type="checkbox"/> Period _____ Months _____ NACM Rate (what are we going to use) _____% Do you require a Fuel & Maintenance Facility? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Transaction Details: Supplier/Dealer Name _____ Dealer Tel No. (_____) _____ Contact Name _____ Tel No. (_____) _____ Goods Description _____</p> <p>Insurance Company/ Broker: _____ Policy No. _____ Renewal Dte ____/____/____ DD/MM/YY Confirmed By _____ Tel No. (_____) _____</p>	Name	ID No.	Designation																Name	ID No	*Yes/No	%Share																				
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I/We the undersigned hereby authorise this Credit Provider to contact my/our Bankers and/or auditors and I/we authorise my/our bankers/auditors to disclose to this Credit Provider, details and copies of my/our accounts and financial statements.
 I/We the undersigned hereby consent to this Credit Provider making enquiries regarding my/our credit history with any credit bureau.
 The Bankers/ Auditors may disclose confidential information regarding my/our accounts and financial position to this Credit Provider and provide them with copies of my/our financial statements.
 I/We do not have applications pending for credit, nor open quotations as envisaged in section 92 of the National Credit Act.
 I/We confirm herewith that I/we are duly authorized to consent to the above.

_____ SIGNATURE _____ NAME _____ DESIGNATION _____ DATE _____



Head office 1 Enterprise Road, Fairland, Johannesburg, 2170
Postal address Private Bag X13, 2030

Enquiries 0861 288 272 Fax 0861 888 272
New business 0861 137 137 Settlements 0861 212 212
Email service@wesbank.co.za
wesbank.co.za

Ownership Structure Declaration

Declaration passed by all the Directors/Members/Shareholders of

Registered name / Name of incorporation _____

Registration / Incorporation number _____

WHEREIN IT WAS DISCLOSED:

That the Shareholding/Voting Rights/Membership Interest is correctly reflected in the below as stated ownership structure.

NAME OF RELATED PARTY	RELATED PARTY TYPE*	IDENTIFICATION/ PASSPORT NUMBER OR REGISTRATION NUMBER	SHAREHOLDING/ VOTING RIGHTS/ CONTROLLING INTEREST	ADDRESS AND CONTACT DETAILS

As per the above declaration, The Ultimate Beneficial Owner/s (UBO/s)** are as follows:

NAME & SURNAME	ID NUMBER / PASSPORT	ADDRESS AND CONTACT DETAILS

Signed on _____ 20 _____ at _____

Director/Shareholder/Authorised Signatory

* This can be i.e. a Shareholder/Voting Rights, Member of a CC, Trustees, Founder's, Beneficiaries, Director's, Partners.

**The UBO is the primary natural person or persons that "stand behind" that entity and its activities. They are a person/s who have the ultimate ownership and control over an entity.

**Declaration of Source of Funds for this transaction
Juristic Individual**

I, the undersigned

Full names:

Identity Number:

Residential Address:

Hereby declare that I am authorised to contract on behalf of:

Name of Entity:

Company Registration Number:

1. I confirm that the source of funds to finance the deal/contract is derived from the following source/s:

Sales

Rentals

Interest Income

Dividend Income

Fees Earned

Commission

Investments

Signature
Authorised Signatory

Date

This section is only applicable if the customer completing the resolution is a Company:-

We, in our capacities as Directors of the Company, confirm that the information provided below is true and correct of all the Shareholders/Directors of the Company:-

Name of Shareholders/Directors of the Company	Identity Number/ Registration Number	Shareholding Percentage	Voting Rights Percentage

Signature
Director/Company Secretary/
Company Auditor/Company
Accountant/
Chief Financial Officer

Date

Consent to obtain Bank Account Statements from Financial Institutions

Name of account holder (you)*

Identity/Passport/Registration Number

|_____||_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

**One account holder per consent form*

Absa Bank Ltd, FirstRand Bank Ltd, Nedbank Ltd and Standard Bank Ltd (the Banks) work with each other and other financial institutions to fight, amongst other crimes, finance application fraud. In these dealings, the Banks ensure that all personal and financial information about clients are protected and kept strictly confidential.

For the purpose of assessing the finance application that _____ will submit on your behalf to any or all of the Banks in the name of _____, the Banks need your consent to obtain your bank statement(s) directly from other financial institutions (as specified below). The Banks will exchange only the bank statements you have authorised and these will be safeguarded and not used for any other purposes other than the finance application for which you have consented. Bank account statements obtained will also be limited to the period necessary to assess the finance application.

Your signature below confirms that the Banks have your consent to obtain bank statement(s) on the following account(s) (that show your account transaction history) and if there is a problem with the electronic retrieval of some or all of the required bank statements for any reason, the Banks will contact you to provide physical copies.

* Please note that you may be liable for any costs which may be charged by your transacting Bank for each request to provide bank statements on your behalf.

Account 1:

Name of bank/institution

Account type/ description

|_____||

|_____||

Branch name |_____|| Branch number |_____||

Account number |_____||

Account 2:

Name of bank/institution

Account type/ description

|_____||

|_____||

Branch name |_____|| Branch number |_____||

Account number |_____||

Signature _____ Date _____

If account is in the name of a legal entity:

Name of signatory/ies

Capacity of

signatory/ies

Individual Application for Finance

Applicant Type:

Individual Applicant Sole Proprietor Surety/Co-Debtor
 ID/Passport No. _____
 Citizenship SA Other (If not SA resident, state country of Residence)
 Country of Residence _____ Permit Type _____
 Permit No. _____ PermitExpDate ____/____/____ DD/MM/YY
 Country Issued _____
 Issue Date ____/____/____ DD/MM/YY Expiry Date ____/____/____ DD/MM/YY
 Surety ID No. (If appli) _____

Transaction Type: Instalment Sale Lease Rental
LangPref: E A Other **EthnicGroup:** A B C W

Applicant's Details:

Title _____ Initials _____
 Surname _____
 First Name _____ Middle Name _____
 Gender M F Graduate? Y N
 Trading as/ Name _____
 Tax No. _____ VAT No. _____
 HomeTelNo. (____) _____ Cell No. _____
 E-mail Address _____

Home Address: (Yrs__ Mnths____)

Suburb _____ Postal Code _____

Postal Address:(If Different from Residential)

Suburb _____ Postal Code _____

Previous Home Address:(Yrs__ Mnths____)

Suburb _____ Postal Code _____

Employment Details: (Yrs__ Mnths____)

Name _____
 Address _____
 Suburb _____ Postal Code _____
 BusTelNo.(____) _____ Fax No.(____) _____
 Type of Industry _____ Employee No. _____
 EmpCont No.(____) _____ Occupation _____

Previous Employment Details:(Yrs__ Mnths____)

Name _____
 Address _____
 Suburb _____ Postal Code _____
 EmpCont No. (____) _____ Occupation _____

Home Ownership:

Do you own your Property? Y N
 (If Yes) In your name? In your Spouse's? Both?
 Property Type: House Townhouse Flat
 Erf Number _____ Suburb _____
 Bond/Rental Payment per month: R _____
 Bond Amount Outstanding: R _____
 Purchase Price R _____
 Current Value R _____
 If a flexi/access bond, total facility granted? R _____
 Bondholder Name _____

Know Your Client (KYC):

Face to Face On-Site
 Face to Face Off-Site Remote-Other

Dealer Code _____

Originating Branch _____ Input Branch _____
 Credit Provider Introducing Branch _____
Marketer's Code _____
 Marketers Name _____
 Marketer's ID No. _____ Fax No.(____) _____
 Lead Provider _____
 Lead Provider ID No. _____

Marital Details: S M D W No. of Dependants _____

Date Married ____/____/____ (DD/MM/YY) ANC COP OTHER

Spouse's Details: First Name _____

Surname _____ Income R _____
 Spouses ID No./ DOB _____

Spouse Employer Name: _____

Spouse Employers Address: _____

Suburb _____ Postal Code _____

Relative's Details: (Nearest Relative in SA not living with you)

Relationship _____ Relative's Tel No.(____) _____

Surname _____

First Name _____

Relative's Address: _____

Suburb _____ Postal Code _____

Landlord's Details: (Name & Address of Landlord where goods will be kept)

Landlord's Name: _____

Landlord Address: _____

Suburb _____ Postal Code _____

Banking Details:
Account Type: Cheque Savings Transmission

Bank Name _____ Branch Code _____

Account No. _____

Account Holder Name _____

(If appl) Overdraft Bal: R _____ Limit: R _____

Credit Card Company _____

Credit Card Number _____

Cr.Facility Bal: Straight R _____ Budget R _____

Cr.Facility Limit: Straight R _____ Budget R _____

Existing &/or a previous Account with this Credit Provider:

Branch No. _____

Account No. _____

Account Name _____

Instalment Amount per month R _____

Number of Instalments _____

Current? Paid up? To be settled?

Existing accounts with other Credit Provider?

Name of Company _____

Account No _____

Instalment Amount per month - R _____

Current? Paid up? To be settled?

Name of Company _____

Account No _____

Instalment Amount per month - R _____

Current? Paid up? To be settled?

Individual Applicant Sole Proprietor Surety/Co-Debtor ID/Passport No. _____

Transaction Details: Goods Description _____
 Year Model _____ Salesman _____
 Dealer Name _____ Dealer Tel No. (_____) _____
 Scheme Code _____ Buyline Code _____
 M&M Code _____ Period of Contract (Mnths) _____
 Special Requirements _____
 Balloon Payment _____% R _____
 Residual Value _____% R _____
Purpose of Goods: Business Private Taxi Commerce
Payment Frequency: Month Bi-Ann Quart Annual
Payment Mode: Advance Arrears Cash DebitOrder

Applicant's Financial Details:
 Proposed Rate _____% Fixed Linked
 Selling Price (VAT inclusive) R _____
 Extras Description _____ R _____
 _____ R _____
 _____ R _____
 _____ R _____
Total of Extras R _____
 Dealer VAPS Description _____ R _____
 _____ R _____
 Delivery Fee R _____
 Initial Fuelling Charges R _____
 License and Registration Costs R _____
 Initiation Fees to be financed? Y N
 Less Deposit /Initial Rental R _____
 Source of Deposit _____
Total R _____

Applicant's Income Details:
 Gross Remuneration R _____
 Monthly Commission R _____
 Car Allowance included in Gross R _____
 Net Take-home Pay R _____
 Income other than Salary/Wages R _____
 Source of Income _____
Total Monthly Income R _____
Applicant's Expenses per month:
 Bond Payment / Rent R _____
 Rates, Water and Electricity R _____
 Vehicle Instalments (excluding those to be settled) R _____
 Personal Loan Repayments R _____
 Credit Card Repayments R _____
 Furniture Accounts R _____
 Clothing Accounts R _____
 Overdraft Repayments R _____
 Policy/ Insurance Repayments R _____
 Telephone Payment R _____
 Transport Costs R _____
 Food and Entertainment R _____
 Education Costs R _____
 Maintenance R _____
 Household Expenses R _____
 Other R _____
Total Monthly Expenses R _____
Applicant's Disposable Income R _____
 Date Remuneration Received: ____/____/____ PD/MM/YY
 Are you currently liable as: Surety Guarantor Co-debtor
 Specify Details: _____

Insurance-Bank VAPS

InSale/Lease -Inside Act		Rental - Outside Act	
Credit Life Monthly <input type="checkbox"/>	Credit Life Monthly <input type="checkbox"/> Term <input type="checkbox"/>	Service & Maintenance Term <input type="checkbox"/>	
Cover Plus Monthly <input type="checkbox"/>	Cover Plus Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Term <input type="checkbox"/>	Extended Warranty Term <input type="checkbox"/>	
Extended Warranty Term <input type="checkbox"/>	Motor Comprehensive Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Other _____ <input type="checkbox"/>	
Other _____ <input type="checkbox"/>	Courtesy Car Monthly <input type="checkbox"/> Annual <input type="checkbox"/>		

Comprehensive Vehicle Insurance? Y N Policy No. _____ Monthly Annual
 Existing Ins. Co Name _____ Tel No. (_____) _____ Broker Name _____ Tel No. (_____) _____

I confirm that: -
 A. I am not a minor.
 B. I have never been declared mentally unfit by a court.
 C. I am not subject to an Administration Order.
 D. I do not have any current application pending for debt restructuring or alleviation.
 E. I do not have any current debt re-arrangement in existence.
 F. I have not previously applied for a debt re-arrangement.
 G. I am not under sequestration.
 H. I do not have applications pending for credit, nor open quotations as envisaged in section 92 of the National Credit Act.

If any of the above is incorrect, state which and give details: _____
 I. I would like to be included in any Telemarketing Campaign. Y N
 J. I would like to be included in any Marketing List that you may sell or distribute Y N
 K. I would like to be included in any mass distribution of emails or SMS messages. Y N

I understand that I will be liable for a monthly service fee.
 I hereby consent to this Credit Provider making enquiries regarding my credit history with any credit bureau.
 I consent to this Credit Provider reporting the conclusion of any credit agreement with me to the National Loans Register in compliance with this Credit Provider's obligation under the National Credit Act.
 I hereby declare that the information provided by me is true and correct.

Signature of Applicant _____ Date _____

**Declaration of Source of Funds for this transaction
Private/Self-Employed Individual**

I, the undersigned

Full names:

Identity Number:

Residential Address:

Hereby declare that I am an adult male / female employed at:

1. I confirm that my source of funds to finance the deal/contract is derived from the following source/s:

- | | |
|---|---|
| <input type="checkbox"/> Monthly Salary | <input type="checkbox"/> Court Order |
| <input type="checkbox"/> Weekly Wages | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Commission | <input type="checkbox"/> Interest Earned |
| <input type="checkbox"/> Rental Income | <input type="checkbox"/> Dividends |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Donations |
| <input type="checkbox"/> Grant | <input type="checkbox"/> Investments |
| <input type="checkbox"/> Social Grant | <input type="checkbox"/> Member of Legal Entity |
| <input type="checkbox"/> Pocket Money | <input type="checkbox"/> Bursary |

Cash Received Details of Cash Received: _____

Income from Business Activity Provide details: _____

Signature

Date

Consent to obtain Bank Account Statements from Financial Institutions

Name of account holder (you)*	Identity/Passport/Registration Number
--------------------------------------	--

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Account 1:

Name of bank/institution	Account type/ description
Branch name	Branch number
Account number	

Account 2:

Name of bank/institution	Account type/ description
Branch name	Branch number
Account number	

Signature _____ Date _____

If account is in the name of a legal entity:

Name of signatory/ies

Capacity of signatory/ies
