

## 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 any further information which you consider relevant to your application.

Applicant: \_\_\_\_\_

### ***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 Applicant or Person Authorised  
to act on behalf of the legal entity*

\_\_\_\_\_  
**DATE**

### **FOR OFFICE USE**

<b>DATE RECEIVED</b>	
<b>CONSULTANT</b>	
<b>NCA/NON NCA</b>	

**LEGAL ENTITY**

1. Applicant Details			
Name of Legal Entity:		Trading Name:	
Type of Entity:	<input type="checkbox"/> Close Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Organisation	<input type="checkbox"/> Limited Company <input type="checkbox"/> Private Company <input type="checkbox"/> Other (Please specify).....	
If Trust, Number of Trustees:		Is any Trustee a Juristic Person: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Registration No:	<input type="text"/>	Tax No/NPO	<input type="text"/>
Vat No:	<input type="text"/>	Nature of Business:	
<b>Physical Address</b> (From where the business is or will be operating)			
Street Name:			
Suburb/Township:	Town/City:	Province:	Postal Code:
District Municipality:		Local Municipality:	
<b>Postal Address</b> (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 Number/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 property)			
Name:		Contact Number:	
<b>Physical Address</b>			
Street Name:			
Suburb/Township:	Town/City:	Province:	Postal Code:
<b>Postal Address</b> (If different from physical address)			
Street Name:			
Suburb/Township:	Town/City:	Province:	Postal Code:
5. Finance Required			
<input type="checkbox"/> Motor Vehicle Murabaha	<input type="checkbox"/> Trade Facility		
<input type="checkbox"/> Motor Vehicle Ijarah (Lease)	<input type="checkbox"/> Guarantee		
<input type="checkbox"/> Equipment Murabaha			
<input type="checkbox"/> Property			

### 6. Motor Vehicle - Transaction Details

Dealer Name:		Contact Person:		Tel: ( )	
Description/Make/Model ..... <input type="checkbox"/> New <input type="checkbox"/> Used			Purpose <input type="checkbox"/> Business Use <input type="checkbox"/> Private Use		
Purchase Price:		Deposit:	Trade-in Available:		Balloon Payment/Residual: %
Term of Finance:			Finance Amount Required:		

### 7. Equipment - Transaction Details

Type of Equipment:		<input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Part of a Going Concern		
Supplier:		Contact Person:		
<input type="checkbox"/> Local Supplier <input type="checkbox"/> Foreign Supplier		Contact Tel: ( )		
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.

### 8. Property to be Purchased/Developed

Reason of Finance:		<input type="checkbox"/> Purchase Property	<input type="checkbox"/> Development of Property	<input type="checkbox"/> Purchase of Equity
Type of Property:		<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Residential
Title Deed Description:				

Street Address:				
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Suburb/Township:		Town/City:	Province:		Postal Code:
District Municipality:			Local Municipality:		

Seller:		Telephone Number: ( )			
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Is seller in any way related to the applicant, applicant shareholders, directors, members, trustees of a trust or beneficiary of a trust?  Yes  No

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:		
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Purpose for which Property is Required:  Own Occupation  Letting

### 9. Trade Facility

Amount of Facility Required:

Goods to be Sourced:  Local  Imported  Both

### 10. 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	

### 11. Banking Details

Name of Institution:		Branch Name:		Branch Code:	
Type of Account: <input type="checkbox"/> Cheque <input type="checkbox"/> Transmission <input type="checkbox"/> Savings			Name of Account Holder:		
Account Number <input type="text"/>			Date Account Opened <input type="text"/>		

## 12. Insurance Details

Insurance Company/Broker:	Contact Person/Broker Details:
Contact Number: ( )	Policy Number:
Cover Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Customer to Arrange: Yes - Insured Value:

## 13. Security Offered

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

## 14. 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		

## 15. Previous 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:  Yes  No

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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

## 16. Marketing Options

- A. I would like to be included in any Telemarketing Campaign.  Yes  No
- B. I would like to be included in any Marketing List that you may distribute.  Yes  No
- C. I would like to be included in any mass distribution of Emails or SMS messages.  Yes  No
- 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.  Yes  No

## 17. Declaration and Warranties

- I warrant that all information given to Albaraka Bank Limited 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 Albaraka Bank Limited of any changes to information provided by me to Albaraka Bank Limited whether in terms of this application or otherwise.
- I consent to Albaraka Bank Limited verifying the information contained in this application and/or any other information furnished by me to Albaraka Bank Limited and generally making whatever enquiries it deems necessary from any source whatsoever.
- Albaraka Bank Limited shall be entitled to furnish any information and/or documentation in relation to any accounts, including my compliance with the conditions thereof, to any entity within the Al Baraka Banking Group, any bank, surety and any credit bureau and as required by law.
- 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.
- I recognise and understand that Albaraka Bank Limited is an accountable institution for the purpose of the Financial Intelligence Centre Act. 38 of 2001 (FICA) and the regulations issued in terms thereof and, accordingly, I agree to provide such information or documentation as Albaraka Bank Limited may require.
- If my application is successful, I agree that the facility granted to me by Albaraka Bank Limited will only be available to me once I have signed the relevant agreement and once all conditions of the agreement have been fulfilled.
- I promise, if my application is successful, to purchase the goods described in the invoice from Albaraka Bank Limited on a Murabaha Basis after the first sale is concluded.

Signature of Applicant:

Date:

D	D	M	M	Y	Y	Y	Y
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**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 (Please tick): <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race ( <i>For statistical purposes only</i> ) (Please tick appropriate box) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Coloured			
Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Country of Birth:	Nationality:
SA Identity Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Residential Address:			How Long at Current Address:
Nature of Residence (Owner, tenant, staying with spouse/parent):			
Unit/Flat Number:	Complex/Flat Name:	Street Number and Name:	
Suburb/Township:	Town/City:	Province:	Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
District Municipality:		Local Municipality:	
Postal Address (If different to residential address) PO Box Number:			
Town/City:	Province:	Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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-indebtdness/approached a debt counsellor?  Yes  No

Has a court ever declared you over-indebted or your credit agreement reckless?  Yes  No

Have you ever been sequestrated?  Yes  No

If yes, have you been rehabilitated?  Yes  No

**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?

**Marital Details**

Marital Status (Please tick appropriate box)  Single  Married  Divorced  Widowed

Marital Contract Type (Please tick appropriate box)  COP  ANC including accrual  ANC excluding accrual  Islamic

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	<input type="text"/>
Type of Account:	<input type="checkbox"/> Cheque	<input type="checkbox"/> Transmission <input type="checkbox"/> Savings

### Declaration and Warranties

1. I warrant that all information given to Albaraka Bank Limited 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 Albaraka Bank Limited of any changes to information provided by me to Albaraka Bank Limited whether in terms of this application or otherwise.
2. I consent to Albaraka Bank Limited verifying the information contained in this application and/or any other information furnished by me to Albaraka Bank Limited and generally making whatever enquiries it deems necessary from any source whatsoever.
3. Albaraka Bank Limited shall be entitled to furnish any information and/or documentation in relation to any accounts, including my compliance with the conditions thereof, to any entity within the Al Baraka Banking 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 Albaraka Bank Limited is an accountable institution for the purpose of the Financial Intelligence Centre Act. 38 of 2001 (FICA) and the regulations issued in terms thereof and, accordingly, I agree to provide such information or documentation as Albaraka Bank Limited may require.

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:	<input type="text"/>
Signature of Spouse (If married in COP):	Date:	<input type="text"/>