- CREDIT APPLICATION -

5 Nordland str. Windhoek NAMIBIA

Tel: (+264) 61-294 5000 Fax: (+264) 61-263242



Reg No. 68/11154/07

Full name of applicant :					
Trading Name :					
Nature of Business :					
Contact person:					
Postal Address:		Registered Address :			
Code :				_ Code :	
Phone : () Fax	x :		e-mail: _		
Delivery Address :					
		Code :			
Date business established:					
Name of associated companies/businesses:					
State whether you are you a: LIMITED PROPRIETORSHIP COMPANY					
\square SOLE PROPRIETOR \square PARTNERSHIP	[☐ PUBLIC COMPANY	,	CLOSE CORPORATION	
Company or Close Corporation Registration No. : *	:				
VAT Number :					
(* ATTACH COPY OF REGISTRATION CERTIFICATE) Details of Proprietors, Partners, Directors or Members :					
Names	Residential	Address		Identification Number	
1					
2					
3					
State whether anyone listed above was ever sequestrated : Date rehabilitated					
Date renabilitateu					
Have you ever had credit with us before?	□ Yes	□ No			
If yes, under what name?					







BANK REFERENC	ES
Name of Bank:	
Branch :	Code:
Account # :	
Telephone :	
Name of AUDITORS	·
Address :	Tel No. : ()
	Code :
TRADE REFEREN	
Reference #1	Company Name:
	Contact Person:
	Phone No. : ()- Fax No. : ()-
Reference #2	Company Name:
	Contact Person:
	Phone No. : ()- Fax No. : ()-
Reference #3	
	Company Name:
	Contact Person:
	Phone No.: ()- Fax No.: ()-
MAXIMUM CREDIT R	EQUIRED: N\$
	[FATHERT DOE SO DATS AT TEX DATE OF MONTHER STATEMENT]
PERSON HANDLING	QUERIES AND PAYMENTS:
I/XV	Name Capacity
I/We warrant and c	ertify that : - The above information is true and correct- • I am/we are duly authorized to sign this credit application-
	 I/we have read and understand the Conditions of Credit set out in this document and agree to be bound thereby-
	 I/we have read and understand the Conditions of Carriage which are available on request
	and agree to be bound thereby- No claims will be deducted from payments-
	 Interest at prime bank rate may be debited and will be paid if invoices are not paid as per
	"Conditions of Credit", namely strickly 30 (thirty) days after date of statement.
Signed:	Capacity:
Nomo .	Date :
Name .	Date .
COMPANY STAI	MP:
2 2 (2 2 2 2 2 2 2 2 2 2 2 2 2	IS NOT COMPLETED IN FULL, IT WILL NOT BE
	CONSIDERED!