



REQUIREMENTS

- Proof Of Residence
- Copy of ID document
- If a c.c., a copy of the CK Registration document
- Suretyship

NOTE: All information below must be filled out in full.

DATE:

SURNAME:..... FIRST NAMES :

TITLE : (MR / MRS / MS) IDENTITY NO :

RES ADDRESS:

COMPANY NAME:

VAT NO:

REGISTRATION OR CK NO:

TELEPHONE NUMBER:

CELL NUMBER:

FACSIMILE NUMBER:

E-MAIL ADDRESS:

AFTER HOURS CONTACT
PERSON/S & TEL. NO'S:

APPROXIMATE AREA REQUIRED:

AREA	M ²
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BUSINESS PROPOSAL:

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NAMES OF DIRECTORS / MEMBERS / INDIVIDUALS:

SURNAME			
FULL NAMES			
PERCENTAGE OWNERSHIP OF COMPANY			
I.D. NO			
ADDRESS			
SHOULD ANY OF THE APPLICANTS BE MEMBERS OF A HISTORICALLY DISADVANTAGED COMMUNITY, PLEASE INDICATE THE RACE AND SEX IN THE SPACE PROVIDED			

NAMES OF SURETY/S IF COMPANY OR CLOSE CORPORATION:

SURNAME			
FULL NAMES			
I.D. NO			
ADDRESS			

BANKERS:

BRANCH: **ACCOUNT NO:**

PRESENT BUSINESS:

TRADING HISTORY:

TRADING ADDRESS	LENGTH OF STAY	CURRENT RENT PER MONTH	LANDLORD

TRADE REFERENCES:

NAME	TEL NO	CONTACT PERSON

NOTE:

I certify the above information is correct and complete and is given in order for you to determine my credit standing for the purpose of renting at the above-mentioned property. I am an authorized representative of the above named company to act in behalf of said company or organization. This application is subject to approval by the landlord or his agent. I hereby authorize the landlord or his agent to perform a tenant screening consisting of, but not limited to the following:

- Credit Report obtained through authorized reporting agency
- Current and Former Landlord verifications
- Bank References
- Property Ownership verifications
- Criminal Information search
- Trade References

NOTE: An applicant has the right to dispute the accuracy of the information provided by the tenant screening services or provided by the entities listed on the application who will be contacted for information. This report is strictly confidential and questions concerning your credit report must be addressed directly to the reporting agency. If your application is denied and a tenant screening service or a credit reporting agency is used, the name(s) of the service(s) will be provided as required by law.

Signature: _____ Print Name: _____

Title: _____ Date: _____

INTERNAL USE ONLY:

Date Application Received: _____ Status: Approved / Declined (Circle one)

Application Reviewed by: _____ Date: _____