

APPLICATION TO RENT A SHOP / OFFICE

Email completed forms to: erika@safari-investments.com / kalike@safari-investments.com

Date: _____
Applicants Name: _____
Email Address: _____
Cell phone Number: _____
Company Name: _____
Shopping Centre applying for: _____

In order to apply for the use of a shop in the abovementioned centre and for the Landlord to comply in terms of the Financial Intelligence Act 2001 / Act 38 of 2001, specific information is required from yourself.

The relevant documentation for completion by yourselves is attached.

We will require the following to accompany this application for our records:

1. Company Business Profile
2. Type of offering / service provided: _____
3. Size shop / office required: _____
4. Do you have other shops / offices, (if yes, where and for how long have you had it):

5. Photographs of existing shops / offices
6. Special requirements (water, ablution, location, extraction, gas, shop front, etc.):

TO COMPLETE IN FULL FOR SHOP APPLICATION

1. REGISTERED ENTITIES NAME _____
2. TRADING AS _____
3. REGISTRATION NUMBER / ID NO. _____
VAT NUMBER _____
4. CURRENT BUSINESS TEL. NO. _____
5. BUSINESS POSTAL ADDRESS _____
(Including Postal Code) _____
6. BUSINESS PHYSICAL ADDRESS _____
(Including Postal Code) _____
7. SIGNATORY FULL NAME _____
TELEPHONE NO. _____
DESIGNATION _____
SIGNATORY CELL NO. _____
E-MAIL ADDRESS _____
MARITAL STATUS _____

(PLEASE ATTACH COPY OF MARRIAGE CERTIFICATE)
- IDENTITY NUMBER _____
8. NAME OF LEASE ADMINISTRATOR _____
DIRECT TELEPHONE NO. _____
CELL NO. _____
9. PERSON RESPONSIBLE FOR PAYMENT _____
OF THE ACCOUNT _____
E-MAIL ADDRESS _____
CELL NO. _____
10. NATURE OF BUSINESS TO BE _____
CONDUCTED _____
11. HAVE YOU HAD ANY EXPERIENCE IN _____
THE TYPE OF BUSINESS FOR WHICH _____
THE LEASED PREMISES WILL BE _____
UTILISED? IF YES – PLEASE STATE _____
DETAILS _____
12. WHAT GOODS / SERVICES ARE TO BE _____
SOLD / PROVIDED IN THE LEASED _____
PREMISES? _____
HAVE YOU OR ANY BUSINESS YOU _____
HAVE BEEN ASSOCIATED WITH, EVER _____
BEEN INSOLVENT / UNDER _____
LIQUIDATION OR JUDICIAL _____

- MANAGEMENT? IF YES – PLEASE STATE DETAILS.
13. HAVE YOU OR ANY BUSINESS YOU HAVE BEEN ASSOCIATED WITH, EVER BEEN INSOLVENT / UNDER LIQUIDATION OR JUDICIAL MANAGEMENT? IF YES – PLEASE STATE DETAILS.
14. HAS THERE EVER BEEN A JUDGEMENT AGAINST YOU, YOUR BUSINESS OR ANY BUSINESS YOU HAVE BEEN ASSOCIATED WITH? IF YES – PLEASE STATE DETAILS.
15. DO YOU OWN IMMOVABLE PROPERTY? IF YES – PLEASE STATE DETAILS.
16. HOW MUCH DO YOU INTEND SPENDING ON FIXTURES?
17. DO YOU INTEND TO EFFECT PAYMENT FOR THESE ITEMS IN CASH OR ON HIRE PURCHASE?
18. HOW MUCH WORKING CAPITAL WILL YOU HAVE AVAILABLE?
19. PLEASE FURNISH DETAILS OF ANY ORGANISATION TO WHOM YOU HAVE PAID RENT.

20. **DIRECTOR/MEMBER DETAILS**

- A. DIRECTOR / MEMBER NAME
IDENTITY NO.
RESIDENTIAL ADDRESS
(Including Postal Code)
- B. DIRECTOR / MEMBER NAME
IDENTITY NO.
RESIDENTIAL ADDRESS
(Including Postal Code)
- C. DIRECTOR / MEMBER NAME
IDENTITY NO.
RESIDENTIAL ADDRESS
(Including Postal Code)

21. **BANKING DETAILS**

- A. **PERSONAL CHEQUE/ CURRENT ACCOUNT**
ACCOUNT NO.
BANK
BANK WHERE ACCOUNT HELD
BRANCH CODE

B. BUSINESS CHEQUE/ _____
CURRENT ACCOUNT
 ACCOUNT NO. _____
 BANK _____
 BANK WHERE ACCOUNT HELD _____
 BRANCH CODE _____

22. SURETYSHIP DETAILS

A. FIRST NAME _____
 SURNAME _____
 IDENTITY NO. _____
 RESIDENTIAL ADDRESS _____
 (Including Postal Code) _____

B. FIRST NAME _____
 SURNAME _____
 IDENTITY NO. _____
 RESIDENTIAL ADDRESS _____
 (Including Postal Code) _____

C. FIRST NAME _____
 SURNAME _____
 IDENTITY NO. _____
 RESIDENTIAL ADDRESS _____
 (Including Postal Code) _____

In the event of the Applicant being a Company or a Close corporation, the signatory warrants that its directors/members shall bind themselves as sureties and co-principal debtors for the Applicant's obligations in terms of the Deed of Suretyship annexed hereto marked "D".

23. TRADE REFERENCE DETAILS

Name of Company	Current / Paid	Telephone No.	Account No.	For Office Use

24. The Applicant certifies and warrants that the information furnished is true and correct, that he/she has the authority to sign this application and that he / she has not misrepresented or concealed any material fact, which might have a bearing on the landlord accepting this offer. If the Applicant signs on behalf of a Company or Close Corporation to be formed, the Applicant shall be the Tenant until such time as the Company or Close Corporation is registered, which must be within 21 (twenty one) days from the commencement date of the lease, and the Company or Close Corporation must ratify the lease by means of a resolution.
25. By signing this application the Applicant acknowledges, agrees and consents that the Landlord may perform such credit assessments as the Landlord may deem fit, including (without limitation) by way of registered credit bureaux, the Applicant's bankers and the Applicant's creditors. The Landlord may provide any information of the Applicant to any person for purposes of such credit assessments. The Landlord may perform such credit assessments at any time during the evaluation of the Applicant's offer and, should the Landlord accept the offer, then at any time during the subsistence of the Lease.
26. The Applicant agrees that the Landlord may give to one or more credit bureau information about this agreement, information about your lease with us and details of your default if you do not comply with any of the terms of this agreement or any subsequent lease agreements entered into as a result of this offer. The credit bureau provides a credit profile and credit score on your credit worthiness subject to all the records.

Signature : _____

Date : _____

Please provide copies of the following documentation where applicable:

- a) Individual : Identity Document
: Utility Bill / Telkom Account (not older than 3 months)
: SARS Document reflecting income tax and VAT numbers
: 3 months bank statements
- b) Close Corporation : CK1
: CK2 (if applicable)
: Identity Document(s) of member(s)
: Proof of address of the close corporation
: Proof of address(es) of the member(s)
: SARS Document reflecting income tax and VAT numbers
: 3 months bank statements
: Resolution
- c) Partnership : Partnership Agreement
: Identity Document(s) of the partners
: Proof of address of the partners
: SARS Document reflecting income tax and VAT numbers
: 3 months bank statements
: Resolution
- d) Company : Old Form CM1 – New Form COR15.1A
: Old Form CM22 – New Form COR21
: Old Form CM29 – New Form COR39
: Identity Document of all directors listed on COR39
: Company / Board Resolution
: Proof of address of the company
: SARS Document reflecting income tax and VAT numbers
: 3 months bank statements
: Resolution
- e) Trust : Letter of Authority
: Identity Document of the trustees
: Proof of address of trustees
: SARS Document reflecting income tax and VAT numbers
: 3 months bank statements
: Resolution
- f) Credit Check Letter
- g) Assessment of Juristic Person
- h) Additional documentation required : A letter from the franchisor confirming that you are the preferred and qualified franchisee for the Centre.
: Letter confirming the funding status, e.g. who is funding the project and whether working capital available for a period of at least 6 months

CREDIT CHECK

I hereby grant Safari Investments (RSA) Ltd permission to conduct a credit check in respect of the following individual and/or legal entity:

1. _____ Identity Number: _____

2. _____ Registration Number: _____

With any registered credit bureau / s in order to obtain consumer credit information relating to the aforesaid legal entity and / or the aforesaid individual including, but to limited to, the aforesaid legal entity's and / or the aforesaid individual's credit history, financial history and identity.

I hereby indemnify and hold Safari Investments (RSA) Ltd harmless against all and any claims whatsoever and howsoever arising as a result of the aforesaid credit check.

Yours faithfully,

For: _____ (Pty) Ltd / CC

who warrants that he / she is duly authorized hereto

Date: _____

ASSESSMENT OF JURISTIC PERSON (I.E. COMPANY / CLOSE CORPORATION / TRUST / PARTNERSHIP / BODY CORPORATE) FOR PURPOSES OF THE CONSUMER PRETECTION ACT

ASSESSMENT OF JURISTIC PERSON'S ANNUAL INCOME OR ASSET VALUE AT TIME OF TRANSACTION:

NAME OF JURISTIC PERSON: _____

REG NO / CK NO / TRUST NO: _____

The Tenant will have a net annual turnover, at signature of the agreement in the sum of:

ANNUAL TURNOVER	X
R0 – R2 million	
Above R2 million	

The Tenant will have a net asset value, at signature of the agreement in the sum of:

ANNUAL TURNOVER	X
R0 – R2 million	
Above R2 million	

DECLARATION

I the undersigned, in my capacity as _____ of _____ (insert name of juristic person), hereby declare that the information provided above is accurate and a true reflection of the tenant's financial position.

Signed at _____ on this _____ day of _____ 20

Signature : _____

Date : _____