



**Registration No: 2015/366866/07**

---

Tel: 031 332 1606

Fax: 031 332 0075

Mail: raven@gogologistics.co.za

18<sup>TH</sup> Floor, John Ross Office Towers

Suite 1805

22/36 Margret Mncadi Avenue

Durban 4001

## **ACCOUNT APPLICATION FORM:**

Please provide the following documents with your application.

### **1. Individuals**

- 1.1. Copy of ID Document

### **2. Legal Entities**

- 2.1. Copy of registration document
- 2.2. Copies of ID documents of signatories

### **3. Financials**

- 3.1. Financial statements

## Section A:

\*To be completed by all applicants

Please mark with (x) the relevant legal entity under which you will operate the account.

### 1. Company Type

Registered Company:	<input type="checkbox"/>	Please complete Section A & B
Close Corporation:	<input type="checkbox"/>	Please complete Section A & B
Sole Proprietor:	<input type="checkbox"/>	Please complete Section A & C
Partnership:	<input type="checkbox"/>	Please complete Section A & C

### 2. Company Details

Full Legal name of business:	
Trade name:	
VAT Registration number:	
Date:	
Type of business:	
Postal address:	
Physical address:	
Telephone number:	
Fax number:	

### 3. Bankers

Bank name:	
Physical address:	
Branch:	
Account number:	
Account name:	
Year account was opened:	

If your account is less than three years old, please provide previous banking details:

Bank name:	
Physical address:	
Branch:	
Account number:	
Account name:	
Year account was opened:	

4. Estimated monthly purchases: \_\_\_\_\_

5. Amount requested: \_\_\_\_\_

6. Trade references:

Name of supplier:	
Email:	
Terms:	
Average monthly purchases:	
Contact telephone number:	
Name of supplier:	
Email:	
Terms:	
Average monthly purchases:	
Contact telephone number:	

## Section B

(Registered Company/Close Corporation)

Registered office address:	
Registration number:	
Date of Incorporation:	
Name of auditors/acc:	
Physical address	
Name of holding company:	
Telephone Number:	

Name of Director/Member:	
Physical address:	
Identity number:	
Contact number:	

Name of Director/Member:	
Physical address:	
Identity number:	
Contact number:	

Name of Director/Member:	
Physical address:	
Identity number:	
Contact number:	

Name of Director/Member:	
Physical address:	
Identity number:	
Contact number:	

Name of Director/Member:	
Physical address:	
Identity number:	
Contact number:	

Name of Director/Member:	
Physical address:	
Identity number:	
Contact number:	

### Section C

(Partnership/Sole Proprietor)

Registered office address:	
Registration number:	
Date of Incorporation:	
Name of auditors/acc:	
Physical address	
Nationality if not ZAR:	
Telephone Number:	
Is the company solvent:	

Name of Proprietor/Parner:	
Physical address:	
Identity number:	
Contact number:	

Name of Proprietor/Parner:	
Physical address:	
Identity number:	
Contact number:	

### Section D

(Person responsible for paying the account)

Name:	
Designation:	
Identity number:	
Contact number:	

I, the undersigned, do hereby warrant that all the information recorded in this application, is true and correct and I agree that all transactions concluded with the Company shall be subject to the terms and conditions specified herein and agree to be bound by all such terms and conditions, and without limiting the generality thereof.

**SIGNED AT** \_\_\_\_\_ **ON THIS, THE** \_\_\_\_\_

**DAY OF** \_\_\_\_\_ **20** \_\_\_\_\_.

Here being duly authorized to sign:

FULL NAME: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_