

SCHEDULE OF GOODS

Equipment Details				
Supplier / Broker ("the Supplier")		Rental	Period	Escalation
Capital Amount	R			
Settlement Payable & if so, approximately how much and to who?	R	To:		
Medical Professionals only	What is your area of speciality e.g. Specialist / Dentist / GP / Optometrist / Nurse etc.			
Medical Professionals only	If married, please advise ANC or COP		HPCSA Nr.	Practice Nr.

COMPANY INFORMATION

Company Name:				("the Customer")
Company Type:				
Registration No:		Date Established:		
VAT No:		Nature Of Business:		

CONTACT INFORMATION

Tel No:		Cellular No:	
Email:		Website:	
Street Address:			
Postal Address:			

DO YOU OWN ANY ASSETS? PLEASE PROVIDE THE ESTMATE VALUE

Property	R	Vehicles	R	Investments	R
Household items	R	Cash	R	Other	R

PRE-SCREENING QUESTIONNAIRE

Do you have any defaults or judgements?	YES/NO	Are you currently under debt review?	YES/NO
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KNOW YOUR CLIENT / SHAREHOLDER DETAILS

Full Name / Company Name of Shareholders of the business	ID No / Registration No / Trust No of Shareholder	% Share-holding	Address of Shareholder	Cell phone number

OTHER INFORMATION

Auditors:		Tel No:	
Insurance Broker:		Tel No:	
Landlord:		Tel No:	

BANKING DETAILS

Bank Name:		Branch Name:	
Account No:		Branch No:	
Period with Bank:		Overdraft Limit:	

SOURCE OF FUNDS

What are the source of funds from which the monthly Rental will be paid? (i.e. Trading income, Savings, Grants, Investments, Commission, Membership Fees, Public Administration, Rental income or Other)

KEY OPERATIONAL & FINANCIAL CONTACTS – WHERE DO YOU WANT CORRESPONDENCE SENT TO?

Name & Surname	Cell Number	Direct Landline No	Email Address	Role
				Finance
				Creditors

TERMS & CONDITIONS

The Customer confirms and agrees on its behalf and on behalf of its directors, shareholders, members, partners and associates that the Supplier and/or its presumptive cessionary/ies and/or its cessionary/ies and SA Primary Medical Financial Co-operative Limited may, at any time, to communicate with any person to obtain and provide any information relating to the Customer's payment behaviour, creditworthiness or defaults and the Customer consents to the Supplier and/or its presumptive cessionary/ies and/or its cessionary/ies sharing such information with third parties including its associates, credit bureau and funders for any purpose as contemplated in the Protection of Personal Information Act 4 of 2013 ("POPIA"):

1. The Customer agrees that the Supplier and/or its presumptive cessionary/ies and/or its cessionary/ies may:
 - 1.1 make enquiries to confirm and verify any information the Customer provided in its application;
 - 1.2 seek information from any credit bureau when assessing the Customers application and at any time thereafter.
 - 1.3 Screen customer against any sanctions lists Supplier and/or its presumptive cessionary/ies and/or its cessionary/ies may in its reasonable discretion determine.
2. The Customer acknowledges and expressly consents that the Supplier and/or its presumptive cessionary/ies and/or its cessionary/ies may:
 - 2.1 verify information the Customer provided to the Supplier and/or its presumptive cessionary/ies and/or its cessionary/ies and generally make whatever enquiries the and/or its presumptive cessionary/ies and/or its cessionary/ies may deem necessary from any source whatsoever;
 - 2.2 process the Customers personal Information to conclude the Agreement with Customer and for purposes of providing services to the Customer;
 - 2.3 process and disclose the Customers personal information for purposes of the prevention, detection and reporting of fraud and criminal activities, the identification of the proceeds of unlawful activities and the combating of money laundering activities;
 - 2.4 process and report on the Customers personal information to comply with an obligation imposed by applicable laws on the and/or its presumptive cessionary/ies and/or its cessionary/ies;
 - 2.5 provide settlements, details of remaining term and information on the conduct of the account to the original supplier and/or originating broker;
 - 2.6 provide the Customer's personal information to our subsidiaries and associated entities for purposes of marketing and referring potential business opportunities within our associated group of companies; and
 - 2.7 provide information about the Customer to foreign and local regulators upon request.

Access to Information and Financial Declaration I.R.O. The National Credit Act and Consumer Protection Act

Please note that by signing hereunder, you are granting permission for the Supplier and/or its presumptive cessionary/ies and/or its cessionary/ies to contact your Auditors/Accounting Officer authorising them to confirm that the information pertaining to your organisation is true and correct as at the last year-end financial statements produced, and where necessary obtain your latest signed financial statements, should you not attach same to this application.

ANNUAL TURNOVER DECLARATION

1. The turnover of your organisation is and the Total Asset Value is and you declare that the company is solvent.
2. You confirm that you are aware that Supplier and/or its presumptive cessionary/ies and/or its cessionary/ies are entitled to request and obtain proof thereof from you or your Auditors/Accounting Officers.

Name & Capacity	Signed – Duly Authorised	Date
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