



APPLICATION FOR NON-MEMBERS ACCOUNT

Attached the relevant forms needed for the completion of this application, of which the **original** must be received by SSK:

1. Non-member application: Individual / Entity details with SSK's credit terms.
2. Joint and separate liability form.
3. Financial information (*If not in possession of financial statements to provide*).
4. Bank letter to be completed and stamped by authorised person at your banking institute.

Also needed:

- ∞ Banking details. (Stamped bank letter / stamped bank statement or cancelled cheque.)
- ∞ B-BBEE certificate – if applicable
- ∞ Proof of physical address (Eg: Eskom / Municipality bill.)
- ∞ Financial statements not older than 12 months is mandatory for CC / Company and Trusts.
- ∞ VAT certificate

According to the National Credit Act, the above information will be needed for the credit provider to create a facility. No exceptions.

On returning **the original application** for processing, a copy of the following documentation will also be needed to comply with above mentioned Credit Act:

- | | |
|----------------------------------|--|
| In case of an individual: | - ID of individual
- Marriage contract |
| In case of a partnership: | - ID documents of all the partners
- Marriage contract of the partners
- Written partnership agreement, if any |
| In case of a Closed Corporation: | - ID documents of members of CC
- CK1
- CK2 |
| In case of a company: | - ID documents of the directors of the company
- CM29
- Or the Cor14.3 |
| In case of a Trust: | - ID documents of the trustees
- The Trust Authorization letter
- Trust document |

Please note that all incomplete applications (information incomplete, no credit references or missing relevant documents) will not be considered and will be thrown out and that, depending on the facility required, the Credit Manager may request additional information.

Thank you.



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Application for Non-Members

Name and Surname of applicant:.....

Physical Address:.....

Mark the relevant option:

Individual	Partnership	CC	Company	Trust
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Registered name of business:.....

Vat number:..... (Please provide copy) Registration number:.....

Type of Business / Business interest:.....

Postal address:.....

Phone number:..... Fax number:.....

Cellphone number:..... E-mail address:.....

Contact person name:..... Authority of contact person:.....

Main branch of choice for purchase at SSK:.....

Full Names & ID numbers of all partners / members / directors / trustees:

Full Names

ID numbers

.....

Credit Facility required at SSK: R.....

Particulars of Credit References:

Name:..... Name:.....

Address:..... Address:.....

Tel no:..... Tel no:.....

Contact Person:..... Contact Person:.....

Account no:..... Account no:

Estimated monthly purchases: R..... Estimated monthly purchases: R.....

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SENTRAAL-SUID CO-OPERATIVE LTD

GEREGISTREER Kragtens Wet Nr. 14 van 2005 / REGISTERED IN TERMS OF ACT NO.14 OF 2005

FSP Lisensie Nr. 1107 / FSP Licence No. 1107

1943/000002/24

NKR Lisensie Nr. 165 / NCR Licence No. 165

HOOFKANTOOR / HEAD OFFICE: Voortrekstraat 34 / 34 Voortrek Street, Swellendam 6740, Posbus / P. O. Box 12, Swellendam, 6740

Tel: (028) 514 8600, Faks / Fax: (028) 514 8656, Epos / Email: info@ssk.co.za

Direkteure / Directors: D.H. van Papendorp (Voorsitter / Chairperson), S.W. Viljoen (Onder-Voorsitter / Vice Chairperson), J.N. de Kock, J.M. Joubert, F.J. Lourens, M.J. Odendaal, M. Pienaar, J.E. Robertson, A.J. Steyn, M.S. Streicher, P.S. Uys



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How would you prefer to receive your monthly statement?
 Mark with X (Both postal and e-mail options may be chosen)

Via Post Via e-mail Collecting in person

E-mail address for statement:.....
 (More than one address may be provided)

Would you like to receive the statement in Pastel format?

No Yes

E-mail address for Pastel:.....
 (More than one address may be provided)

Do you make use of order numbers? Yes No

Registered for B-BEE: No Yes
 (Please provide copy)

SSK CREDIT TERMS AND CONDITIONS

This account will operate under the standard terms of a 30-day account. An account is regarded as overdue when purchases made in one month are not paid on or before the last working day of the following month. When an account is overdue, the credit facility may be suspended until such time the full overdue amount is paid. Interest will be charged on overdue accounts at Prime rate + 4.5%.

Arrear interest balances are capitalised monthly.

Payments may be made electronically. When making payments from any other bank than FNB, please allow a transfer period of 3 days before the end of the month. Receipts may only be issued by SSK's cashier when payments show on SSK's bank statement. Electronic payments must be confirmed via fax/e-mail the very same day. Interest collected in the event of electronic transfers not showing on SSK's bank statement before month's end, will be payable.

The facility may also be suspended when the credit limit has been exceeded.

The applicant is responsible for all legal costs that may be incurred for any amount outstanding to be collected, including lawyers' fees on an attorney and client scale together with collection commission. The applicant chooses the address on this application form to be his / her / their domicilium citandi et executandi.

I/We hereby authorize SSK to verify any information given and to contact any person and/or organisation named in this application to assess if account should be approved.

I/We accept that my/our latest financial statements may be requested for approval of this application.

Further, I/We guarantee:

- The above mentioned information to be true and correct.
- I/We are authorized to sign this application.
- I/We have read the conditions of SSK and understand and consent thereto.
- I, the applicant, accept full responsibility for this account in my personal capacity.

SIGNED AT.....ON THIS DAY OF20.....

1. Signature: Name: Capacity:
2. Signature: Name: Capacity:
3. Signature: Name: Capacity:
4. Signature: Name: Capacity:



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FOR OFFICE USE ONLY

Limit approved: R.....

Approval signature:

Name of signatory:

Date of approval:

Comments:

.....

.....

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JOINT AND SEPARATE LIABILITY

I/We, the undersigned.....

and.....and.....

and.....and.....

who do business in a Company/Partnership/Close Corporation/Trust under the name of:

.....

hereby request you to open an account in the name of said enterprise.

I/We acknowledge and confirm that I/we are responsible jointly and separately and in solidum in my/our personal and separate capacities as well as the Company/Partnership/Close Corporation/Trust for all debts or other obligations of whatever nature, current as well as future and however these may arise, which may now or in future, be owed or payable by the Company/Partnership/Close Corporation/Trust to SENTRAAL-SUID CO-OPERATIVE LTD. (hereinafter referred to as "the Co-operative".)

And I/we further acknowledge and consent that the Co-operative may recover the amount of any such obligation from one or more of us in my/our personal capacity/capacities, and may attach my/our private assets without the necessity to take any preceding action against the enterprise or to attach any of the assets of the enterprise.

And finally I/we further acknowledge and consent that should the estate of the Company/Partnership/Close Corporation/Trust and the estate or estates of any one or more of us be under sequestration at the same time, the Co-operative may institute and prove a claim for the amount of any such obligation against the sequestered estates of all or any of us/me, as well as against the estate of the Company/Partnership/Close Corporation/Trust.

If the composition of my/our enterprise should be amended or changed, you will receive proper written notice thereof and such notice shall be binding upon the Company/Partnership/Close Corporation/Trust if it was given in the name of the enterprise by any one of us signatories hereto.

SIGNED:

WITNESSES: (Please ensure that witnesses sign)

1.....

1.....

Name in block letters.....

Name in block letters.....

2.....

2.....

Name in block letters.....

Name in block letters.....

3.....

3.....

Name in block letters.....

Name in block letters.....

DATE.....

(Please ensure that the date is entered.)

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FINANCIAL INFORMATION (IF NOT IN POSSESSION OF FINANCIAL STATEMENTS.)

BATES & LASTE / ASSETS & LIABILITIES	MARKWAARDE / MARKET VALUE	VERSKULDIG / DUE	PMT / INSTALLMENT
PLAASEIENDOM / FARM FIXED ASSETS	R	R	R
ANDER EIENDOM / OTHER PROPERTY	R	R	R
VOERTUIG / VEHICLES & MODEL (LYS / LIST)	R	R	R
DEBITEUR / DEBTORS	R	R	R
LEWENSPOLISSE / LIFE POLICIES	R	R	R
BANK BALANSE / BANK BALANCES	R	R	R
KREDIETKAARTE / CREDIT CARDS	R	R	R
BELEGGINGS / AANDELE / SHARES	R	R	R
LENINGS / LOANS	R	R	R
VOORRAAD / STOCK	R	R	R
KREDITEUR / CREDITOR (SSK - MONTH ACC.)	R	R	R
KREDITEUR ANDER / CREDITOR OTHER	R	R	R
ANDER / OTHER	R	R	R
INKOMSTE & UITWAGES / INCOME & EXPENSES	BESKRYWING / DESCRIPTION	INKOMSTE / INCOME	UITGAWES / EXPENSES
BASIESE SALARIS / BASIC SALARY		R	R
KOMMISSIE / COMMISSION		R	R
HUUR / RENT		R	R
BESIGHEID / BUSSINESS		R	R
GEWASSE & GRAAN / CROP FARMING		R	R
VARS PRODUKTE / FRESH PRODUCE FARMING		R	R
PRODUKTE MELK & WOL / MILK & WOOL FARMING		R	R
VEE VERHANDELING / LIVE STOCK FARMING		R	R
KONTRAKWERK / CONTRACT WORK		R	R
ANDER / OTHER		R	R
ANDER UITGAWES / OTHER EXPENSES	BESKRYWING / DESCRIPTION		UITGAWES / EXPENSES
BANKKOSTES / BANK FEES			R
BRANDSTOF / FUEL			R
ELEKTRIS & WATER / ELECTRICITY & WATER			R
GEREEDSKAP / EQUIPMENT			R
INSTANDHOUDING / MAINTENANCE			R

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ANDER UITGAWES / OTHER EXPENSES	BESKRYWING / DESCRIPTION	UITGAWE / EXPENSES
KOS & KLERE / FOOD & CLOTHES		R
LONE / LABOUR		R
MEDIES / MEDICAL		R
SKOOLGELD / SCHOOL FEES		R
TELEFOON / TELEPHONE		R
VERSEKERING / INSURANCE		R
LISENSIES / LICENCE		R
KANTOOR UITGAWES / OFFICE EXPENSES		R
ANDER / OTHER		R
TOTAAL / TOTAL		R

I hereby confirm that I / we completed the financial information above and that the information provided is, to the best of my / our knowledge correct.

Signed at on this day of 20.....

SIGNED:

WITNESSES:

1.

1.

Name in block letters:

Name in Block letters:

2.

2.

Name in block letters:

Name in Block letters:

3.

3.

Name in block letters:

Name in Block letters:

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Date:

The Manager

..... (Bank)

..... (Branch)

***This form needs to be completed
 by an authorised and person at the
 bank, accompanied by a bank stamp***

Sir, Your client (.....) (Acc. No:))

Residing at.....

With financial statements as on/...../.....

CREDIT AMOUNTS on current, deposit, savings, and other accounts:

Account details	Amount
1. Cheque Acc.....
2. Investment Acc.....
3. Savings Acc.....
4. Credit Card.....
Other.....

DEBIT AMOUNTS of overdrafts, loans and other that customer van be held responsible for:

Account details	Amount
1. Cheque Acc.....
2. Facility Cheque Acc.....
3. Term Loans: Pmt.....Date.....
4. Bonds: Pmt.....Date.....
5. Other Loans: Pmt.....Date.....
6. Credit Card.....

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HP's

Item(s)	Instalment	Date Payable	Amount Outstanding
1
2
3
4

Full detailed information of securities provided by the client
 (Type of bonds, order of bonds, amounts, surrender values, or what applicable).

.....

.....

.....

.....

Authorised signature of client:.....

Authorised signature of bank person:.....

Bank stamp:

Please forward these pages as soon as possible for SSK to process the information: accounts@ssk.co.za