



CUSTOMER INFORMATION SHEET

We, _____, Registration No. _____
 (hereinafter referred to as "The Applicant") hereby make application for a:

| | |
|--------------|--|
| Cash Account | |
|--------------|--|

to be opened with Versatile Commodity Traders (Pty) Ltd.

LEGAL ENTITY TYPE (please tick)

| | |
|--------------------|--|
| Registered Company | |
| Close Corporation | |
| Sole Proprietor | |
| Trust | |

COMPANY DETAILS

| | |
|----------------------------------|-------|
| Registered Name of the Applicant | |
| Trading Name | |
| Registration No. | |
| Type of Business | |
| Company VAT No. | |
| Date Company Commence Trading | |
| Postal Address | |
| | Code: |
| Physical Address | |
| | Code: |
| Delivery Address | |
| | Code: |
| Registered Office Address | |
| | Code: |
| Office Land Line/Cell Phone No. | |
| Office Fax No. | |
| Office Email Address | |
| Registered Office Address | |
| | Code: |
| Office Land Line/Cell Phone No. | |

Initial _____

| | |
|--|-------|
| Office Fax No. | |
| Office Email Address | |
| Owner/Director/Shareholder Email Address | |
| Are the Premises Rented or Owned | |
| Name and Address of Landlord | |
| | Code: |
| Duration at Present Premises | |
| Name of Holding Company | |
| Name of Associate Business | |
| Name of Subsidiary Business | |

Is THE APPLICANT or any of his/her Directors/Members/Partners/Owners rehabilitated Insolvent.

(Please tick)

| | |
|-----|--|
| Yes | |
| No | |

If Yes, give details

| |
|--|
| |
| |
| |

Principals Details (Sole Owner, Partner, Member, Director)

(1)

| | |
|-----------------------|--|
| Full Name & Surname | |
| ID No. / Passport No. | |
| Home Address: | |
| Cell Phone Number | |
| Email Address | |
| Position | |

(2)

| | |
|-----------------------|--|
| Full Name & Surname | |
| ID No. / Passport No. | |
| Home Address: | |
| Cell Phone Number | |
| Email Address | |
| Position | |

Initial _____

(3)

| | |
|-----------------------|--|
| Full Name & Surname | |
| ID No. / Passport No. | |
| Home Address: | |
| Cell Phone Number | |
| Email Address | |
| Position | |

Banking Details

| | |
|----------------|--|
| Bank | |
| Branch | |
| Account Holder | |
| Branch Code | |
| Account No. | |
| Account Type | |

Was security given to any other creditor?

(Please tick)

| | |
|-----|--|
| Yes | |
| No | |

If Yes, give details

| |
|--|
| |
| |
| |

Has the Director/Member/Partner given any security to any creditor?

(Please tick)

| | |
|-----|--|
| Yes | |
| No | |

If Yes, give details

| |
|--|
| |
| |
| |

Initial _____

Financial Details

| | |
|--|--|
| Name of Auditors/Accounting Office | |
| Telephone Number | |
| Date of Last Audit Financial Statement | |
| Date of Last Management Accounts | |
| Estimate of Monthly Purchase | |
| Are your latest financial statements available | |
| Contact Details for Person in your Accounts Department responsible for this account | |

Trade References

(1)

| | |
|----------------------|--|
| Name | |
| Address | |
| Term | |
| Contact Details | |
| Avg Monthly Purchase | |

(2)

| | |
|----------------------|--|
| Name | |
| Address | |
| Term | |
| Contact Details | |
| Avg Monthly Purchase | |

(3)

| | |
|----------------------|--|
| Name | |
| Address | |
| Term | |
| Contact Details | |
| Avg Monthly Purchase | |

Initial _____

If you are a RTL Client please complete the information below regarding your off-loading facilities:

| | | | |
|--|------------|-----------|-----------------|
| Company Name to offload | | | |
| Physical Address to offload | | | |
| Name of Qualified Person | | | |
| Product that will be delivered | | | |
| Contact No. | | | |
| ITEM | YES | NO | COMMENTS |
| Can Tanker safely get in and out of bay | | | |
| Size of the truck (big or small) | | | |
| Truck Required to offload – Bridger or PTO | | | |
| Off-loading operations 24/7 hours open | | | |
| Vehicle entry permit required | | | |
| Is off-loading area level | | | |
| Maximum height – 6 meter indicated | | | |
| Turning area – minimum 20 meters | | | |
| Safe access to top of tanker available | | | |
| Did Driver receive induction training | | | |
| What documents are required from Driver | | | |
| Is there adequate Fire Fighting equipment | | | |
| Are off-loading pipes, flanges, fittings, pumps and couplings identified | | | |
| Tank size, above or under ground | | | |
| Is the tanks clearly marked | | | |

THE APPLICANT warrants that the information submitted in this application is true and correct in all respects.

Thus signed by THE APPLICANT _____ or its duly authorised agent/signatory who hereby warrants that he/she is authorised to sign on behalf of THE APPLICANT in his/her capacity as _____.

Signed at: _____ this _____ day of _____ 20_____

Before the undersigned witnesses.

Applicant Signature

Applicant Name

Witness