

# FACILITY ENROLMENT FORM

Please complete in black ink and print in clear CAPITAL LETTERS

## PART A: BUSINESS DETAILS

Full Name of Business:

Type of Business: (Private Limited, Sole Trader, etc.)

Date of Incorporation

COMPANY Registration No:

Business Physical Address

Business Postal Address (if different from above)

Nature of Business: (please tick)      Retailer       Grower/Farmer

Distributor/Logistics       Wholesaler       Manufacturer       Packaging

Other (please specify)

## PART B: BUSINESS CONTACT DETAILS

Tel:       Mobile:

Fax:       Email:

Business Contact Person:

Designation

**PART C: PERSONAL DETAILS OF DIRECTORS/PROPRIETORS/PARTNERS/OFFICE BEARERS**

Please fill in the details of at least two directors, partners or office bearers of the company and provide proof of ID and a copy of the CR14

**1. Full Name:**

**Designation:**

**National ID No:**  **Passport No:**

**Driver's Licence No:**

**Date of Birth:**         **Country**

**Residential Address:**

**Tel:**  **Mobile:**

**Email:**

**Skype:**

**2. Full Name:**

**Designation:**

**National ID No:**  **Passport No:**

**Driver's Licence No:**

**Date of Birth:**         **Country**

**Residential Address:**

**Tel:**  **Mobile:**

**Email:**

**Skype:**



3. Full Name:

Designation:

National ID No:  Passport No:

Driver's Licence No:

Date of Birth:         Country:

Residential Address:

Tel:  Mobile:

Email:

Skype:

4. Full Name:

Designation:

National ID No:  Passport No:

Driver's Licence No:

Date of Birth:         Country:

Residential Address:

Tel:  Mobile:

Email:

Skype:

**PART D: BANK ACCOUNT DETAILS**

Please specify at **most** two bank accounts for receipt of funds

1. Account Name:

Bank:  Branch:

Sort Code:  Account No:

2. Account Name:

Bank:  Branch:

Sort Code:  Account No:

**PART E: COMPANY PROFILE**

Please complete the following questions as accurately as possible to enable us to better understand your business and improve our service to you. Questions marked with a '\*' are compulsory.

\*1. What is your average sales revenue per month? \$

\*2. About how frequently do you expect to utilize the Debt Factoring Facility? Please tick appropriate box:

Weekly  Fortnightly  Monthly  Bi-monthly  Quarterly

\*3. What is the average dollar-amount of Debt you expect to Factor in one transaction \$

\*4. Do you expect to Factor more invoices of a specific debtor than others? If so, please specify which one:

5. How many employees do you have?

6. On what date of the month do you run your payroll?



**PART G: FOR OFFICE USE ONLY**

Complete in black ink

Checked by:	<input type="text"/>	Authorized by:	<input type="text"/>
Proof of ID Documents Received by:	<input type="text"/>	Date:	<input type="text"/>
Checked by:	<input type="text"/>	Date:	<input type="text"/>
Business Type Code:	<input type="text"/>		
Application Declined/Approved by:	<input type="text"/>	Date:	<input type="text"/>
COMPANY ID	<input type="text"/>	Average Monthly Invoices:	<input type="text"/>

**Checklist**

- 1. Signed Enrolment Resolution (CF/APP/01)
- 2. Completed Facility Enrolment Form (CF/APP/02)
- 3. Authorized Signatories and Proof of ID
- 4. Completed COMPANY Signing Arrangements (CF/APP/03)
- 5. Specified Bank Account(s)
- 6. Accepted Terms & Conditions
- 7. Completed COMPANY Profile
- 8. Copy of COMPANY's Certificate of Incorporation
- 9. Copy of COMPANY's CR14