



# IN-CENTRE BARROWS APPLICATION

**COMPLETED BUSINESS PROPOSAL SHOULD BE DELIVERED TO:**

Centre Management  
Mezzanine (Between Clicks & Pick 'n Pay – Entrance 2 or 3)  
Wonderpark Shopping Centre, Karenpark, Akasia

**Contact Person:** Mmatefo Mofokeng  
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**BUSINESS IDEA - COMPULSARY**

- Type of business / Products to be sold
- Targeted Market

## APPLICATION FORM

### COMPANY DETAILS

Individual / Full Names : \_\_\_\_\_

Identity Number : \_\_\_\_\_

Residential Address : \_\_\_\_\_

Telephone Numbers : \_\_\_\_\_

Company / CC Name : \_\_\_\_\_

Registration Number : \_\_\_\_\_

Current Physical Business Address : \_\_\_\_\_

Postal Address : \_\_\_\_\_

Telephone Number : \_\_\_\_\_

Facsimile Number : \_\_\_\_\_

Email : \_\_\_\_\_

Cell : \_\_\_\_\_

### COMPANY / CC REPRESENTATIVE

Full Names : \_\_\_\_\_

Identity Number : \_\_\_\_\_



## BANK DETAILS

Account Holder Name : \_\_\_\_\_  
Bank Name : \_\_\_\_\_  
Branch Name and Number : \_\_\_\_\_  
Account Number : \_\_\_\_\_  
Contact Person at Bank : \_\_\_\_\_  
Telephone Number : \_\_\_\_\_

## TRADE REVFERENCES

1. Name of Company : \_\_\_\_\_  
Account Number : \_\_\_\_\_  
Telephone Number : \_\_\_\_\_  
2. Name of Company : \_\_\_\_\_  
Account Number : \_\_\_\_\_  
Telephone Number : \_\_\_\_\_

## PRESENT LANDLORD

Company Name : \_\_\_\_\_  
Contact Person : \_\_\_\_\_  
Telephone Number : \_\_\_\_\_  
Premises Address : \_\_\_\_\_

## SURETIES FOR COMPANY

Full Name : \_\_\_\_\_  
Identity Number : \_\_\_\_\_  
Residential Address : \_\_\_\_\_  
Work Address : \_\_\_\_\_  
*(Where different to company address)* : \_\_\_\_\_  
Married ANC / COP : \_\_\_\_\_  
Name of Spouse : \_\_\_\_\_  
ID Number of Spouse : \_\_\_\_\_



**PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS WHERE APPLICABLE:**

- a) **Sole Proprietor** : Identity Document(s)  
: Copy of Utility Bill (Address Verification)  
: Copies of VAT Certificate/ Income Tax (SARS)
  
- b) **Close Corporation** : Founding Statement  
: Resolution  
: CK Document (CK1)  
: ID Documents of Members  
: Copies of VAT Certificate/ Income Tax (SARS)  
: Copy of Utility Bill (Address Verification)
  
- c) **Partnership** : Identity Document(s)  
: Partners Identity Documents  
: Copy of Utility Bill (Address Verification)
  
- d) **Proprietary Limited** : Resolution  
: Certificate of Incorporation  
: Directors ID Documents  
: Copies of VAT Certificate/ Income Tax (SARS)  
: Copy of Utility Bill (Address Verification)
  
- e) **Trust** : Letter or Resolution
  
- f) **Limited** : Resolution  
: CM1  
: Identity Number



## CREDIT CHECK

The signatory hereof hereby grants permission to Broll Property Group to conduct a credit check in respect of the above-mentioned individuals and/or company with any registered credit bureau/s in order to obtain consumer credit information relating to the above-mentioned individuals and/or company including, but not limited to, above-mentioned individuals and/or company's credit history, financial history and identity. The above-mentioned individuals and/or company hereby indemnifies and holds Broll Property Group harmless against all and any claims whatsoever and howsoever arising as a result of the aforesaid credit check.

I, \_\_\_\_\_, in my capacity as  
\_\_\_\_\_ declare that the above information is  
both true and correct.

Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_



**FOR OFFICE USE ONLY**

**ITC Check**

Yes	No
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 If Yes, copy attached

**Credit Inform**

Yes	No
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 If Yes, copy attached

**Vericheque**

Yes	No
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 If Yes, copy attached

**Bank Code Requested**

Yes	No
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 If Yes, copy attached

**Previous Landlord**

Institution	Contact Person	Tel. No.	Comments

**Previous References**

Institution	Contact Person	Tel. No.	Comments