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CONSTRUCTION GUARANTEE FACILITY PROPOSAL

To avoid delays you are requested to complete the proposal forms in full and return along with the documentation mentioned in the checklist as soon as possible. (All information submitted will be treated with confidentiality). We will not be able to start quoting without **ALL** the required documents.

The documents assessed will be assessed in line with your particular requirements, after which we will revert back to you.

- Once we have received ALL the required documents it will take 48 hours to get a facility quote.
- The initial cost for opening a facility is R3, 999.00 once off. This is for the security documents.
- Once the security documents are in place, we will require an additional 12 hours to issue the invoices.
- Once invoices have been issued and all payments are made there is a 24 hour turnaround time for the actual Guarantee to be issued.

SHARING THE LIGHT TO GROW OTHERS

SECURITY DOCUMENTS QUESTIONNAIRE:

IN RESPECT OF ALL CC'S AND PTY LTD'S INVOLVED, THE FOLLOWING INFORMATION IS REQUIRED (PLEASE COMPLETE ONE PAGE FOR EACH COMPANY INVOLVED):

Company Name:	
Company Registration Number:	
Company Registered Physical Address: (as per CIPRO documents)	
Company Postal Address: (attach letterhead reflecting same)	
Company Income Tax Number: (Attach copy of SARS document)	
Company VAT Number: (Attach copy of SARS document)	
Company Members' Names:	
Company Bankers (attach bank statement):	
Who will sign security documents on behalf of the company? (Attach copy of Resolution)	

IN RESPECT OF ALL INDIVIDUALS INVOLVED (PLEASE COMPLETE ONE PAGE FOR EACH INDIVIDUAL):

Member's Name:	
Member's Surname:	
Identity Number:	
Personal Income Tax Number:	
Physical Address:	
Postal Address:	
Marital Status: * Unmarried / Divorced / Widowed * Married in Community of Property (COP) * Married ANC with Accrual * Married ANC without Accrual	

Initial here

* If married COP or ANC with accrual please complete the following:

Spouse's Name:	
Spouse's Surname:	
Spouse's Identity Number:	
Spouse's Personal Income Tax Number:	
Spouse's Physical Address:	
Spouse's Postal Address:	

IN RESPECT OF ANY TRUSTS INVOLVED, THE FOLLOWING INFORMATION IS REQUIRED:

Trust's Name:	
Trust's Registration Number:	
Name & ID Number of all Trustees (if the space is insufficient attach a separate page)	
A copy of the Letter of Authority:	
Who will sign on behalf of the Trust	

- Copy of trust Deed to be submitted.

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**COMPANY QUESTIONNAIRE FOR GUARANTEE (FACILITY)
(CONSTRUCTION GUARANTEE FACILITY)**

A. COMPANY BUSINESS DETAILS:

Registered Company Name: _____

Company Registration Number: _____

Postal Address: _____

Physical Address (if different): _____

Phone Number: (_____) _____ Fax Number: (_____) _____

Email Address: _____

Contact Person: _____ Date of Incorporation: _____

VAT Registration Number: _____

CIDB Rating: _____

Nature of Business: _____

B. REQUIRED UNDERWRITING INFORMATION ATTACHED:

	Company and Group	Associated Companies
Audited Financial Statements (not older than 8 months from year-end)	<input type="checkbox"/>	<input type="checkbox"/>
Draft Financial Statements / Management accounts	<input type="checkbox"/>	<input type="checkbox"/>
Group Operating Structure	<input type="checkbox"/>	<input type="checkbox"/>
Certificates of incorporation & Member Identity Documents	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

C. BROKER:

Company Name: _____

Phone Number: (_____) _____ Fax Number: (_____) _____

Contact Person: _____

Postal Address: _____

Email Address: _____

(Attach Broker Appointment Letter)

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D. SHAREHOLDERS / MEMBERS / PARTNERS / SOLE TRADERS

Full Names & Surname	% Shares held	ID Number / Company Registration Number	Married COP / ANC with / without Accrual

In the event that the abovementioned shareholders are married in community of property or out of community of property with an application of an accrual or an ante-nuptial contract with some sharing upon dissolution of the marriage, it is required of their spouses to sign surety in respect of their joint.

E. SUBSIDIARY / ASSOCIATED / AFFILIATED COMPANIES:

Name	Registration No	% Shares held	Nature of Business	Bonds Required

F. BANKING DETAILS:

Bankers: _____ Branch: _____
Account Number: _____ Branch Code: _____
Period with Bank: _____ Cash Balance: _____
Investments: _____ Overdraft Facility: _____
Overdraft Used: _____ How Secured? _____
Bank Guarantee Facility: _____ Guarantees Outstanding? _____
Other Bankers: _____

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G. KEY PERSONNEL:

Name	Registration No % Shares held	Nature of Business Bonds Required

Have any of the key personnel been a director / shareholder of a company which was liquidated or compromised with creditors

H. CONSTRUCTION GUARANTEE HISTORY:

Who issued your Guarantee previously? _____

Have any Guarantees issued on your behalf ever been called up? If so, supply details. _____

Have you applied to anyone else for this Guarantee facility? If so, with whom? _____

Have any applications ever been turned down? If yes, by whom and why? _____

PLEASE ATTACH LIST OF GUARANTEES PRESENTLY OPERATIVE

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I. EXISTING GUARANTEES:

Name of Bank / Insurance Company	Facility	Guarantees Outstanding	Rate Charged
How secured?			

J. NEW REQUIREMENTS:

Required facility: _____

To replace existing facility:

Security / Collateral offered:

1. Personal Sureties – Shareholders:
2. Personal Sureties – Directors:
3. Cession of Loan Accounts:
4. Cession of Book Debts:

ADDITIONAL INFORMATION:

Has the concerns debtors been financed?

Yes

No

If so, to what extent? R _____

Finance by? _____

Are the debtors insured

Yes

No

If so, to what extent? _____ %

Insured with? _____

K. LEGAL ACTION:

Please note details of any legal action, summons, judgements, liquidation / sequestration orders or offer of compromise against any shareholder or director of the company, or against the company, its holdings, subsidiaries or associated companies.

Initial here

L. FINANCIAL STATEMENTS:

Auditors / Accounting Officer: _____

Contact Person: _____

Telephone Number: _____ Fax Number: _____

Cellphone Number: _____

e-mail Address: _____

DECLARATION

I/ We accept that should we wish to return the guarantee after it has been issued all refunds will be paid back less the commission and fees paid to the broker

I / We hereby declare that I / we understand the contents of the proposal form and that all the details and information furnished in this application, to the best of my knowledge, fairly represent the true state of affairs of the company / business and I / we authorise the verification of any aspect of this application. I / we have not concealed any material facts relevant to this application.

SIGNED: _____ (*Please initial each page*) DATE: _____

FULL NAMES: _____
(Being duly authorised to sign this document)

TITLE/CAPACITY / DESIGNATION: _____