

HEAD OFFICE:

Tel: (011) 482 5452
Fax: 086 542 0506
126 Bram Fisher Drive, Ferndale, 2194
PO Box 2103, Pinegowrie, 2123
admin@khanyisabrokers.co.za



SEBOKENG OFFICE:

Cell: 076 923 6088

1108 Ext 2, Zone 6
Sebokeng, Vaal Triangle, 1983

lifeadmin@khanyisabrokers.co.za

An Authorised Financial Services Provider: License Number – 31213

RETAIL FUEL GUARANTEE APPLICATION FORM - EXISTING RETAILER

COMPANY NAME

TRADING NAME

REQUIRED DOCUMENTATION FOR THIS APPLICATION

In order to process the Guarantee application for the above Business, This application should be completed clearly **in full** and signed by the authorized Person/s. In addition to this form you need to submit the following:

EXISTING RETAILERS

- 1. Latest Financial Statements
- 2. Latest Management Accounts
- 3. Personal Balance Sheet of all Members/Directors
- 4. Last 3 months bank statements

SECTION A : DETAILS OF GUARANTEE

Name of Fuel Company	
Guarantee Value Required (FULL AMOUNT)	
** Please provide proof/confirmation of guarantee value required by Fuel Company	
EFFECTIVE DATE of guarantee required?	
Do you current have a BANK GUARANTEE or other guarantee with the Fuel Company?	
If "Yes" what is the VALUE of the guarantee?	
Who provided the guarantee?	
How is this guarantee secured e.g. cash, property, investment, policies etc?	
Do you intend to replace your existing guarantee with the Refine guarantee?	
Reason for replacing the guarantee?	

SECTION B : DETAILS OF BUSINESS

Company name:	
Registration Number	
Site Trading name:	
Holding Company	
Registration Number	
Physical address: of site	
	Code:

SHARING THE LIGHT TO GROW OTHERS

Site Contact Details: Tel Email 1

Does the Business/Company own the Business premises?

Does the Fuel Company own the Business premises?

Name of **LANDLORD**

Contact person

Telephone Email

How old is the site?

What is the average monthly rental amount payable?

SECTION C: DIRECTORS / MEMBERS / TRUSTEES / PARTNERS / SHAREHOLDERS DETAILS

Directors / Members / Trustees / Partners / Shareholders etc details

FULL name

ID number

Contact # (home/cell)

Residential address

Married ANC / Community of Property?

If married COP Spouse FULL name

 Spouse ID number

 Residential address (if different)

FULL name

ID number

Contact # (home/cell)

Residential address

Married ANC / Community of Property?

If married COP Spouse FULL name

 Spouse ID number

 Residential address (if different)

FULL name

ID number

Contact # (home/cell)

Residential address

Married ANC / Community of Property?

If married COP Spouse FULL name

 Spouse ID number

 Residential address (if different)

Period of the loan

Period remaining of the loan

Current value of loan outstanding

How is the loan secured?

Have you ever defaulted on any loan repayments?

SECTION D: EXISTING RETAILERS ONLY - TRADING INFORMATION ABOUT THE BUSINESS

Do you have a lease with the Fuel Company?

Period of lease?

Commencement date of the lease?

Is the site located in a RESIDENTIAL /COMMERCIAL / INDUSTRIAL area?

How long have you been the retailer at the site?

Do you or have you owned a service station business before?

If so, please provide the name and brand of the site?

Do you currently have ANY DEBT outstanding to the Fuel Company (excl current deliveries)

Value of Debtors book per month?

Value of Debtors deposits held?

What is your AVERAGE PETROL SALES (in litres) PER MONTH?

What is your AVERAGE DIESEL SALES (in litres) PER MONTH?

What is your SHOP SALES (excl VAT) PER MONTH?

What is your LUBES SALES (excl VAT) PER MONTH?

What is your BAKERY SALES (excl VAT) PER MONTH?

What is your FAST FOOD SALES (excl VAT) PER MONTH?

What is your PHONECARDS SALES (excl VAT) PER MONTH?

GP / Margin

	ltrs	c/ltr
	ltrs	c/ltr
R		%
R		%
R		%
R		%
R		%

Is the SHOP a FRANCHISED SHOP e.g. Quickshop/Select/BP Express/Sasol Delight etc

Is your FAST FOOD a franchised outlet e.g. Steers, Wimpy, Barcellos etc

SECTION E: INSURANCE DETAILS OF THE BUSINESS

Who is the Business Insured with (e.g. Santam, M&F, SA Eagle etc)

Does the Business use CASH IN TRANSIT services?

How many days a week do they collect

Has the business ever been held up in an armed robbery?

STAGE 2 OF APPLICATION

SUCCESSFUL APPLICATION SUBJECT TO

1. Suretyship from Company (and holding/subsidiary companies at Refine's discretion)
2. Suretyship from Members/Directors (at Refine's discretion)
3. Provision of management accounts / financials of the Business (on Refine request from time to time)

Kindly provide the following legal documents as required by the Attorneys to draw up the Security Documents:

1. Copy of Company Documents/Share Certificates
2. Copy of ID Documents of all Members/Directors

Kindly provide us with proof of the following:

1. Bank Overdrafts, Loans, etc
2. Short Term Insurance Policy
3. DOE Licence

REFINE CONTACT DETAILS

Telephone: 0861 266 562

Fax: 086 540 6477

Email: monica.m@one.za.com

Email: cumani.c@one.za.com

Address ONE BUILDING

54 Maxwell Drive

Woodmead North Office Park

Woodmead

Johannesburg

2021

SECTION 1 : CONSENT CLAUSE

The Business acknowledges and agrees:

1. that a credit check of the Business's record with one or more of the registered credit bureaus may be performed
2. that the Business's payment behaviour be monitored by researching its record at one or more credit bureaus
3. that new information and data may be obtained from credit bureaus
4. that the existence of the Business's account may be recorded with any registered credit bureaus.

The Business further acknowledges and agrees that Refine:

1. may appoint a Person to visit the premises of the Business at least once during the application process or during the guarantee contract period.
2. may, at its own discretion, require the Business to submit prescribed monthly, quarterly or half-yearly financial returns to Refine so that guarantee risks to which the insurer/s is/are exposed can be adequately monitored.

SECTION 2 : DECLARATION

1. I/we declare that the information contained both in this application and the attached annual financial statements and/or management accounts is a true and correct statement of the Business's details and financial affairs.
2. I/we declare that we are not aware of any undisclosed circumstances which may have a negative influence on our application.
3. I/we am/are aware that the Guarantee is subject to South African law.
4. I/we acknowledge that the Guarantor/s may terminate their guarantee with the Business immediately if any information given in this application is found to be false or incomplete.

I/we declare that the Principal/s who has/have signed the Guarantee Application Form is/are duly authorized to do so in terms of resolution dated ____ / ____ / 201__.

Signed at _____ on this _____ day of _____ in _____

Name:

Capacity:

Signature:

Date:

Witnessed By:

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Tel

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