



CNR Goldman & 2nd Ave - Florida CBD
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COD BUSINESS APPLICATION FORM

Acc No:
e-mail:

Trading name of business	
Registered name of business	
Previous trading/registered names	
Incorporated form of business	Reg. Number of incorporation
VAT registration number	Date of establishment of business
Registered name of holding companies	
Name of subsidiary and associate companies	
Business activities	
Physical address	
Are deliveries to be made to this address? If not, then where?	
Postal address	Code
Are invoices to be sent to this postal address? If not then where?	
Registered address	Code
Tel. Area code & no. ()	Fax. Area code & no ()
Premises owned or leased	Name of landlord:
Postal address of landlord	
Details of Proprietors (% shares)	Directors Members (% interest) Partners
Full name	ID No. (or date of birth)
Residential address	
Full name	ID No. (or date of birth)
Residential address	
How long has the proprietor(s) owned the business?	
Auditor's/Financial Officer's name	Tel. Area code & no ()
Banker details: Institution	Branch Date opened
Account type	Account name Account number
Trade Reference 1: Name	Tel. Area code & no ()
Address	Credit limit R
Trade Reference 2: Name	
Address	Tel. Area code & no ()
Trade Reference 3: Name	
Address	Tel. Area code & no ()
Trade Reference 4: Name	
Address	Tel. Area code & no ()
List all sureties, cession of debtors, judgments.	
Account contact person	
List liquidations against the business or any of its principals	
Have moratoriums or offers or compromise ever been made to any creditors?	
Can the latest Financial Statements be made available?	What year?
Submit the following documents: Copy of ID, CK registration and proof of address	

I hereby certify that all above information is correct."

Signed: _____ Date: _____