RENAL CARE SOLUTIONS (PTY) LTD
Reg No: 2024/366721/07 | VAT No: 4300319318
Warehouse 11 Akut Park, 34 Enterprise Crescent, North Point, R102 Shakas Head, Ballito, 4420 | Tel: 032-8800440 | Email: accounts@dialysisx.co.za

APPLICATION FOR CREDIT FACILITIES

Please complete all sections in block capitals. Incomplete applications will not be processed.

Thank you for applying to open a credit account with Renal Care Solutions (Pty) Ltd. To enable us to process your application, please complete every field and return this form, together with the supporting documents listed in Section 10, to accounts@dialysisx.co.za

1 APPLICANT BUSINESS DETAILS

Registered business name	
Trading name (if different)	
Company registration number	
VAT registration number	
Business entity type	*Pty Ltd / CC / Partnership / Sole Trader / Trust / Other*
Date business established	*dd / mm / yyyy*
Nature of business	
Number of employees	
Physical address	
Postal address	
Telephone	
Email address	
Website	

2 KEY CONTACT PERSONS

Accounts Payable / Finance Contact

Full name	
Position	
Telephone	

Email	

Ordering / Operations Contact

Full name	
Position	
Telephone	
Email	

3 DIRECTORS / MEMBERS / PARTNERS / PROPRIETORS

List all directors, members, partners or the proprietor. Attach additional sheet if required.

Full Name	ID Number	Residential Address	Mobile

4 BANKING DETAILS

Bank name	
Branch name & code	
Account holder name	
Account number	
Account type	*Cheque / Current / Savings / Other*
Years with this bank	
Bank contact person	
Bank contact telephone	

A bank letter or cancelled cheque confirming the above details must be attached.

5 TRADE REFERENCES

Provide at least three (3) trade references with whom you hold active credit accounts.

Trade Reference 1

Company name	
Contact person	
Telephone	
Email	
Account open since	*mm / yyyy*
Approximate monthly spend	*R*

Trade Reference 2

Company name	
Contact person	
Telephone	
Email	
Account open since	*mm / yyyy*
Approximate monthly spend	*R*

Trade Reference 3

Company name	
Contact person	
Telephone	
Email	
Account open since	*mm / yyyy*
Approximate monthly spend	*R*

6 CREDIT FACILITY REQUESTED

Estimated monthly purchases	*R*
Credit limit requested	*R*
Proposed payment terms	*30 days / 60 days / COD / Other*
Anticipated first order date	*dd / mm / yyyy*

7 CONSENT AND AUTHORIZATION (NCA & POPIA)

The applicant (and each signatory below) hereby authorises Renal Care Solutions (Pty) Ltd, its agents, employees and appointed credit bureaux to:

1. Request, receive, access, verify, share, record and retain any information concerning the applicant's payment history, creditworthiness, trade references and banking information, including from credit bureaux registered under the National Credit Act 34 of 2005 (NCA).
2. Disclose information relating to the applicant's account, including details of non-payment or default, to any credit bureau or industry credit forum.
3. Process personal information in accordance with the Protection of Personal Information Act 4 of 2013 (POPIA), solely for the purpose of evaluating, opening and administering this credit account and recovering any amounts owed.
4. Retain this information for such period as is required by law, for legitimate business purposes, or until the applicant withdraws consent in writing (subject to any overriding legal obligation).

The applicant confirms that all information provided in this application is true and correct, and that it is duly authorised to sign and submit this application on behalf of the business.

8 DEED OF SURETYSHIP

I/We, the undersigned signatory/ies, in my/our personal capacities, hereby bind myself/ourselves jointly and severally, the one paying the other to be absolved, as surety/ies and co-principal debtor/s in solidum with the applicant named above, in favour of Renal Care Solutions (Pty) Ltd, its successors-in-title or assigns, for the due and punctual payment and performance of all amounts and obligations which the applicant may now or in the future owe to Renal Care Solutions (Pty) Ltd, from whatsoever cause arising, together with interest, legal costs on the attorney-and-own-client scale, collection commission and tracing fees.

I/We acknowledge that this suretyship is a continuing covering suretyship and shall remain in full force and effect until all obligations of the applicant have been fully discharged. I/We waive the benefits of the legal exceptions of excussion, division, cession of action, no cause of debt, revision of accounts and errore calculi, declaring myself/ourselves fully acquainted with the meaning and effect of such waivers.

Surety 1

Full name	
ID number	
Residential address	
Signature	
Date	*dd / mm / yyyy*
Witness signature	
Witness full name	

Surety 2

Full name	
ID number	
Residential address	
Signature	

Date	*dd / mm / yyyy*
Witness signature	
Witness full name	

9 DECLARATION AND SIGNATURE BY APPLICANT

I, the undersigned, warrant that I am duly authorised to sign this application on behalf of the applicant. I declare that the information furnished in this application is true and correct in every respect, and I acknowledge and accept the standard terms and conditions of sale of Renal Care Solutions (Pty) Ltd, a copy of which has been made available to me.

Signed on behalf of applicant	
Full name (print)	
Position held	
Signature	
Date	*dd / mm / yyyy*
Place of signature	

Witnessed by:

Witness 1 – Full name	
Witness 1 – Signature	
Witness 2 – Full name	
Witness 2 – Signature	

10 SUPPORTING DOCUMENTS CHECKLIST

The following documents must be submitted with this application:

- □ Copy of Company / CC / Trust registration documents (CoR 14.1 / CK1 / CK2 / Letters of Authority)
- □ Copy of VAT registration certificate (VAT 103)
- □ Copy of B-BBEE certificate or sworn affidavit (if applicable)
- □ Certified copies of ID documents of all directors / members / sureties
- □ Proof of physical business address (not older than 3 months)
- □ Bank confirmation letter or cancelled cheque
- □ Latest 3 months' bank statements
- □ Latest signed annual financial statements (if available)

11 FOR OFFICE USE ONLY

Application received on	
Received by	
Credit check completed	*Yes / No Date:*
Credit limit approved	*R*
Payment terms approved	
Account number assigned	
Approved by	
Signature	
Date	