

FINANCE APPLICATION

PLEASE COMPLETE IN FULL (RED SECTIONS COMPULSORY)

EQUIPMENT REQUIREMENTS

Equipment Description					New		Used	
Rental Period	36 / 48 / 60 months	Supplier			Representative			
Medical Professionals only	If married, please advise ANC OR COP			HPCSA Nr.	Practice Nr.			

INDIVIDUAL OR BUSINESS INFORMATION

Business Name (Full legal styling)					Registration No.			
Entity Type	PTY (LTD)	INC	CC	Sole Proprietor	Other	Date Established		
Full Names					ID Number			
Email Address					Cell Phone No.			
Business Address					Office Number			
Installation Address					VAT Number			
Nature of Business					Website Address			
Auditor's Name					Latest Financials available (year)			

PRIMARY ACCOUNT INFORMATION

Account Name		Bank		Branch Code	
Account No.		Branch Name		Account Type	

COMPANY / BUSINESS SHAREHOLDING

Full Name	ID Number	%Share	Residential Address	Property owned		
				YES	NO	
				YES	NO	
				YES	NO	

DO YOU OWN ANY ASSETS? PLEASE PROVIDE THE ESTIMATE VALUE

Property	R	Vehicles	R	Investments	R
Household items	R	Cash	R	Other	R

PRE-SCREENING QUESTIONNAIRE

	YES/NO		YES/NO
Do you have any defaults or judgements?		Are you currently under debt review?	

TERMS AND CONSENT

Customer confirms and agrees on its behalf and on behalf of its directors, shareholders, members, partners and associates that The Finance House and/or its cessionary/ies and/or funder/s and SA Primary Medical Financial Co-operative Limited is entitled, at any time, to communicate with any person to obtain and provide any information relating to Customers payment behavior, creditworthiness or defaults and Customer consents to The Finance House and/or its cessionary/ies and /or funder/s and SA Primary Medical Financial Co-operative Limited sharing such information with third parties including its associates, credit bureau and funders for any purpose as contemplated in the Protection of Personal Information Act 4 of 2013 ("POPIA"):

1. Customers agree that The Finance House and/or its cessionary/ies and /or funder/s and SA Primary Medical Financial Co-operative Limited may:
 - 1.1 make enquiries to confirm and verify any information Customer provided in its application;
 - 1.2 seek information from any credit bureau when assessing Customers application and at any time thereafter.
2. Customer acknowledges and expressly consents that The Finance House and/or its cessionary/ies and /or funder/s and SA Primary Medical Financial Co-operative Limited may:
 - 2.1 verify information Customer provided to The Finance House and/or its cessionary/ies and /or funder/s and SA Primary Medical Financial Co-operative Limited and generally make whatever enquiries Hirer may deem necessary from any source whatsoever;
 - 2.2 process Customers personal Information to conclude the Agreement with Customer and for purposes of providing services to Customer;
 - 2.3 process and disclose Customers personal information for purposes of the prevention, detection and reporting of fraud and criminal activities, the identification of the proceeds of unlawful activities and the combating of money laundering activities;
 - 2.4 process and report on Customers personal information to comply with an obligation imposed by applicable laws;
 - 2.5 provide Customers personal information to our subsidiaries and associated entities for purposes of marketing and referring potential business opportunities within our associated group of companies.

Access to Information and Financial Declaration I.R.O. The National Credit Act and Consumer Protection Act

Please note that by signing hereunder, you are granting permission for The Finance House and/or its cessionary/ies and/or funder/s and SA Primary Medical Financial Co-operative Limited to contact your Auditors/Accounting Officer authorising them to confirm that the information pertaining to your organisation is true and correct as at the last year-end financial statements produced, and where necessary obtain your latest signed financial statements, should you not attach same to this application.

ANNUAL TURNOVER DECLARATION

Above R2 Million Per Annum	YES	NO		Signature	X
Signature	X	Full Names	Capacity	Date	