

RC



Innovative Healthcare Solutions

Units 29/30
Block 3
Northgate Office Park
Northwold
2155
Tel 010 590-2516
Fax 0866544077

Postnet Suite 509
Private Bag X3
Northriding
2162
Reg.2006/009382/07
VAT: 4330210560

CREDIT APPLICATION

CONTACT PERSON: TELEPHONE NO.

NAME OF BUSINESS:
(Full legal entity)

PERIOD UNDER CURRENT MANAGEMENT/OWNERSHIP:

NATURE OF BUSINESS:

REGISTRATION NO.

VAT NUMBER:

DATE

TEL NO.

CONTACT: FAX NO.

PHYSICAL (DELIVERY) ADDRESS:

POSTAL ADDRESS:

CODE:

Directors/Members/Shareholders/Owners/Controlling Company details:

AUDITORS:
TEL: NO.

FINANCIAL YEAR END:

BANKERS

BRANCH

ACCOUNT NO.

A/C OPENED (YEARS)

I/we certify that to the best of my/our knowledge and belief the information I/we have given you is correct and I/we are not aware of any matters or circumstances which I/we have not disclosed to you in writing which might influence your decision. I/We certify that there are no writs, summonses, judgements, petitions, winding up orders or pending applications for liquidation or threatened against the Applicant or its directors/shareholders.

.....
Duly authorised hereto

.....
Date

Name:

Capacity:

For and on behalf of:

The following documentation is required together with this application:
Letterhead

Directors

S Langenegger (Business Affairs)

K R Cooper (Operations)