



Tel: 043 721 1166| Fax 043 721 1672 | Email: info@keicommercial.co.za

COMMERCIAL RENTAL APPLICATION FORM

(Including a juristic person applying for residential accomodation)

Premises Applied For: _____

Verified (office use)

IF YOU ARE TRADING AS A NATRURAL PERSON OR SOLE PROPRIETOR, THEN COMPLETE THIS SECTION:

| | | |
|------------------|--|--|
| Full Names | | |
| ID Number | | |
| Date of Birth | | |
| Nationality | | |
| Telephone Number | | |
| Fax Number | | |
| Cellphone Number | | |
| Email Address | | |

IF YOU ARE TRADING IN A LEGAL ENTITY (CC, COMPANY, TRUST ETC), THEN COMPLETE THIS SECTION:

| | | |
|-------------------------------|--|--|
| Registered Name | | |
| Trading Name | | |
| Date of Establishment | | |
| Registration Number/ID Number | | |
| Type of Registration (circle) | Close Corporation Company Trust Partnership Other: | |

ALL APPLICANTS TO COMPLETE THE BELOW SECTIONS:

| | | |
|---|---|--|
| Registered Address | | |
| | | |
| | Postal Code: | |
| Physical Business Address | Country: | |
| | | |
| | Postal Code: | |
| Head Office Address (If different to physical business address) | Country: | |
| | <i>If applicant operates from multiple addresses, state address of office seeking to enter into lease agreement:</i> | |
| | | |
| | Postal Code: | |
| | Country: | |

Postal Address

| |
|--------------|
| |
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| |
| Postal Code: |
| Country: |

SA Income Tax number

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VAT Registration Number

Type of Business

Other Businesses of the Applicant

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Annual Turnover (circle)

| | | |
|------------------|------------------|---------------------------------------|
| More than R 2mil | Less than R 2mil | (For Consumer Protection Act reasons) |
|------------------|------------------|---------------------------------------|

Asset Value (circle)

| | | |
|------------------|------------------|---------------------------------------|
| More than R 2mil | Less than R 2mil | (For Consumer Protection Act reasons) |
|------------------|------------------|---------------------------------------|

**Public Liability Insurance Amount:
(Required)**

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|---|
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|---|

*** Public liability insurance protects you if clients or members of the public suffer personal injury at your place of business or property damage because of your business. It can pay for the costs of subsequent legal expenses or compensation claims and is an integral cover for businesses that interact regularly with customers. Should you not have such insurance, we can arrange for an insurance broker to contact you to arrange such cover.**

Authorized Representative

| | To apply and negotiate on behalf of legal entity | To sign the lease agreement |
|---|--|-----------------------------|
| Full Names | | |
| ID Number | | |
| Date of Birth | | |
| Nationality | | |
| Residential Address (for FICA purposes) | | |
| | | |
| Telephone Number | | |
| Fax Number | | |
| Cellphone Number | | |
| Email Address | | |

*** Any person applying, negotiating and signing on behalf of a legal entity, must be authorized to do so. Proof of authorization to be provided. On the last page of this form we provide a basic template authorization form for your convenience**

Close Corporation/Company Manager or CEO

Full Names

ID Number

Date of Birth

Nationality

Residential Address (for FICA purposes)

Telephone Number

Fax Number

Cellphone Number

Email Address

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Members of the Close Corporation (Only complete if this application is for a close-corporation)

| | | | |
|---|--|--|--|
| Full Names | | | |
| ID Number | | | |
| Date of Birth | | | |
| Nationality | | | |
| Residential Address (for FICA purposes) | | | |
| Telephone Number | | | |
| Fax Number | | | |
| Cellphone Number | | | |
| Email Address | | | |

Trustees, Founders and Beneficiaries of Trusts

Please provide the information as specified above in the form of an addendum to the this application. We require the information for ALL trustees, founders and beneficiaries of the trust. This information is required in terms FICA.

Accounts Department Contact Person

| | |
|------------------|--|
| Full Names | |
| Telephone Number | |
| Fax Number | |
| Cellphone Number | |
| Email Address | |

Branch Contact Person

| | |
|------------------|--|
| Full Names | |
| Telephone Number | |
| Fax Number | |
| Cellphone Number | |
| Email Address | |

Trade References

| | |
|----------------------------|--|
| Name of Company (Creditor) | |
| Contact Number | |
| Credit Limit | |
| Account Status | |
| Account Type | |

| | |
|----------------------------|--|
| Name of Company (Creditor) | |
| Contact Number | |
| Credit Limit | |
| Account Status | |
| Account Type | |

Previous / Current Landlord Details

| | |
|-------------------------|--|
| Name & Telephone Number | |
| Name & Telephone Number | |

Bank Details

| | |
|---------------------|--|
| Bank | |
| Account Name | |
| Bank Account Number | |
| Branch | |
| Branch Code | |

Sureties (For Juristic Persons)

| | |
|---------------------|--|
| Full Name | |
| Identity Number | |
| Residential Address | |
| | |
| Work Address | |
| | |
| Married ANC / COP | |
| Name of Spouse | |
| ID Number of Spouse | |

IF RESIDENTIAL RENTAL: Occupant Details

| | |
|---------------------|---|
| Full Names | |
| Telephone Number | |
| Fax Number | |
| Cellphone Number | |
| Email Address | |
| Number of occupants | Adults: Children: Ages of children: |

VERY IMPORTANT: PETS AND NUMBER OF VEHICLES TO BE DISCUSSED WITH AGENT AND APPROVED BY THE LANDLORD

FICA DOCUMENTATION - We cannot process this application without ALL of the following supporting documentation:

6 MONTHS BANK STATEMENTS, PLUS THE FOLLOWING:

Natural Person/Sole Proprietor

- Copy of ID/Passport/Refugee ID document
- Proof of physical address
- Proof of business trading name
- Proof of income tax number (if issued)
- Marriage certificate and copy of Spouse's ID **if married in community of property**

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Company (Ltd or Pty Ltd)

- Certificate of Incorporation (CM1), Change of name of company certificates (CM9) **OR** Cipro company registration document
- Notice of Registered Office and Postal Address (CM22)
- Proof of trading name
- Proof of physical address (if different to registered address)
- Proof of head office address (if different to registered address)
- Income Tax number (if issued)
- Vat registration certificate (if issued)

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- Copy of ID - Manager of company/CEO
- Copy of ID - Company representative
- ID documents, contact details and residential address of any person holding more than 25% interest in company

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Listed Company (Ltd or Pty Ltd) (Listed on JSE, NOT a subsidiary company)

- Certificate of Incorporation (CM1), Change of name of company certificates (CM9) OR Cipro company registration document
- Proof of listing status

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Close Corporation

- Certificate of Incorporation (CK1) and Amended Founding Statement if applicable (CK2) OR Cipro company registration document
- Proof of trading name
- Proof of physical address (if different to registered address)
- Proof of head office address (if different to registered address)
- Income Tax number (if issued)
- Vat registration certificate (if issued)
- Copy of ID - Each Member
- Copy of ID - Company representative

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Partnerships

- Copy of Partnership Agreement OR confirmation letter from partnership that no agreement exists
- Proof of trading name (can be noted on partnership agreement or "no agreement" letter)
- Vat registration certificate (if issued)
- Income Tax number (if issued)
- Copy of ID - Each Partner/Trustee
- Copy of ID - Partnership representative/Trust Representative

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Trusts

- Trust Deed
- Letters of Authority
- Confirmation of Address where trust registered (Indicated on letters of authority)
- Vat registration certificate (if issued)
- Income Tax number (if issued)
- Copy of ID - Each founder
- Copy of ID - Each trustee
- Copy of ID - Trust Representative

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Other Legal Entities

- Founding Documents/Registration Documents
- Proof of registered address
- Proof of trading name
- Proof of physical address (if different to registered address)
- Proof of head office address (if different to registered address)
- Vat registration certificate (if issued)
- Income Tax number (if issued)
- Copy of ID - Each person connected to entity
- Copy of ID - Representative

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Please note the following charges will become applicable should the Landlord accept your application:

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| Security Deposit | The security deposit for each approved application will be dealt with individually |
| Key Deposit | R 500.00 |
| Lease Preparation Fee | R 1650.00 If rental is below R 6000.00 excl VAT, then lease fee is R 650.00 |
| Documentation Fee: Company | R 970.00 If rental is below R 6000.00 excl VAT, then documentation fee is R 580.00 |
| Documentation Fee: Sole Proprietor | R 740.00 If rental is below R 6000.00 excl VAT, then documentation fee is R 350.00 |
| Electricity and Water Deposit | If applicable, will be charged at the BCM tariff for such deposits |
| Credit check fee: Per Individual | R 74.00 |
| Credit check fee: Per Company | R 333.00 |
| Landlord Admin Fee | R 570.00 (Charged when Landlord needs to consider requests from Tenant) |

* The above figures include VAT @ 14% (VAT not applicable to deposits)

* Should an attorney's services/advice be required in drafting the lease agreement, the tenant will be liable to pay for the attorneys fees

* Payment can be to Kei Commercial via EFT, ATM linked payment, electronic collection or cash deposit. Please note the below charges will be applicable should you deposit cash into our account:

| Amount of Deposit | Charge (Incl. VAT) |
|--------------------------|--------------------|
| R 101.00 to R 3000.00 | R 45.40 |
| R 3001.00 to R 6000.00 | R 90.80 |
| R 6001.00 to R 9000.00 | R 136.20 |
| R 9001.00 to R 12000.00 | R 181.72 |
| R12001.00 to R 15000.00 | R 227.00 |
| R 15001.00 to R 18000.00 | R 272.40 |

*Continues on same sliding scale

Other & Arrear/Default Charges (incl VAT):

| | |
|---|----------|
| Letter, Letter of Demand, Telephone Call, SMS, Email, Fax | R 17.10 |
| Registered Letter | R 34.75 |
| RD Payments/Cheques | R 185.00 |
| Cheque Deposit Fee | R 48.00 |

The above charges are subject to change should any supplier increase their fees

I/We agree and allow the Landlord or Agent at all times to contact, request and obtain information from any credit provider (or potential credit provider) or registered credit bureau that may be necessary to assess my/our behaviour, profile, payment patterns, indebtedness, whereabouts and creditworthiness;

I /We agree and allow the Landlord or Agent or Rentmaster to furnish information concerning the behaviour, profile, payment patterns, indebtedness, whereabouts and creditworthiness of me/us to any registered credit bureau or to any credit provider (or potential credit provider) seeking a trade reference regarding my/our dealings with the Landlord;

I/We declare that the information we have given in this application form is true and correct to the best of my/our knowledge and that I/we have not failed to provide any information which, if the Landlord had known such information, would not have allowed the application to be successful.

Authorized signatures:

Signature

Name: _____

Date: _____

Signature

Name: _____

Date: _____

Office use:

| | |
|--|--|
| Name of person obtaining information: | |
| Type of transaction concluded with client: | |
| All details requiring verification checked and verified: | |
| Credit check done: | |
| Date: | |
| Signed: | |
| Signed: FICA Officer/Administrator | |

RESOLUTION

By the board of directors / members / trustees / partners of

Name

| |
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| |
|--|

Registration Number

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"the Tenant/Applicant"

RESOLVED THAT the tenant enter into an agreement of lease in respect of premises situated at:

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RESOLVED FURTHER THAT

| |
|------------------------|
| Full name and surname: |
|------------------------|

| |
|------------|
| ID Number: |
|------------|

be authorized to act on behalf of the entity in applying for a new lease for the above premises.

Certified a true extract

Signature: Chairperson of meeting/person providing authority

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Name & Surname

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Designation

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Place

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Date

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Entity Stamp

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