



Cold chain perfection defined at the harbour's edge

Operating Divisions: Table Bay Cold Storage and Logistics and Table Bay Shipping
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Directors: L. Morakaladi\*, T. Matsheka\* and L. Serema\*
\*Botswana

CREDIT APPLICATION FORM & STANDARD CONDITIONS OF STORAGE

Name of Applicant hereinafter referred to as " the Storer"

Business format / legal entity:

Date business established:

Registration Number:

Vat Number:

Nature of Business:

Postal Address:

Code

Street Address:(domicilium citandi et executandi)

Code

Telephone No: ( )

Fax No: ( )

Contact Name: (Accounts Dept)

ext: ( )

E- Mail:

Website:

**FULL NAMES OF DIRECTORS/MEMBERS/PARTNERS/OWNERS**

1. Name: \_\_\_\_\_ Share % \_\_\_\_\_

Identity No: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

2. Name: \_\_\_\_\_ Share % \_\_\_\_\_

Identity No: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

3. Name: \_\_\_\_\_ Share % \_\_\_\_\_

Identity No: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

4. Name: \_\_\_\_\_ Share % \_\_\_\_\_

Identity No: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

**FINANCIAL INFORMATION**

Number of years in business (entity applying for credit): \_\_\_\_\_

Bank Name: \_\_\_\_\_

Branch Name / Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of auditors / accountants: \_\_\_\_\_

Name of landlord & contact details: \_\_\_\_\_

Total current monthly turnover: \_\_\_\_\_

Number of employees: \_\_\_\_\_

Name of holding company: \_\_\_\_\_

Total value of net assets (after liabilities): \_\_\_\_\_

***Please note that financial statements and/or management accounts must be presented on request.***

**TRADE REFERENCES**

(A) Company: \_\_\_\_\_

Account Number: \_\_\_\_\_

Tel No: \_\_\_\_\_

Contact Person: \_\_\_\_\_

(B) Company: \_\_\_\_\_

Account Number: \_\_\_\_\_

Tel No: \_\_\_\_\_

Contact Person: \_\_\_\_\_

(C) Company: \_\_\_\_\_

Account Number: \_\_\_\_\_

Tel No: \_\_\_\_\_

Contact Person: \_\_\_\_\_

(D) Company: \_\_\_\_\_

Account Number: \_\_\_\_\_

Tel No: \_\_\_\_\_

Contact Person: \_\_\_\_\_

SIGNATURE BY THE STORER OR ITS DULY AUTHORISED AGENT WHO HEREBY WARRANTS THAT HE/SHE IS AUTHORISED TO SIGN ON BEHALF OF THE STORER

\_\_\_\_\_  
FULL NAME OF SIGNATORY CAPACITY OF SIGNATORY DATE

PLACE

1. \_\_\_\_\_

As Witness (Signature)