

APPLICATION FOR FINANCIAL ASSISTANCE

CONDITIONS OF ACCEPTANCE

This application is accepted for consideration by MEGA subject to the following terms and conditions

1. Acceptance of this application by MEGA in no way implies that a loan in terms of this application will be granted.
2. This application is subject to approval, which is made at the sole discretion of MEGA and the reason for non-approval may not necessarily be divulged.
3. Notwithstanding the approval of a loan, certain loan conditions may still need to be met prior to funds being advanced.
4. The applicant shall sign such documents and agreements as MEGA shall require, which documents shall be cancelled if this application is declined.
5. An administration fee is payable on signing of the business loan agreement.
6. MEGA is entitled to make whatever enquires it feels necessary, including the credit bureau to assess your application for a loan. If the loan is approved MEGA is further entitled to register details regarding the conduct of your account with credit bureaus and the National Loans Register.

OTHER CONTACT NUMBERS

EHLANZENI REGION: (013) 752 6413

NKANGALA REGION: (013) 656 3231

GERT SIBANDE REGION: (017) 634 8458

NOTE: All fields are mandatory to be completed as stipulated by the National Credit Act. We will not process applications without all documentation as required by National Credit Act (Number 34 of 2005) and the Financial Intelligence Centre Act (Number 38 of 2001).

1. LOAN REQUIREMENTS

1.1 TICK RELEVANT TYPE AND COMPLETE AMOUNT REQUESTED

<input type="checkbox"/>	MOVEABLE ASSETS	R _____	<input type="checkbox"/>	CONSTRUCTION LOAN	R _____
<input type="checkbox"/>	WORKING CAPITAL	R _____			

1.2 REASON FOR WHICH FINANCE IS REQUIRED?

2. BUSINESS INFORMATION - TICK TYPE OF BUSINESS INFORMATION

<input type="checkbox"/>	CLOSE CORPORATION	<input type="checkbox"/>	COMPANY	<input type="checkbox"/>	PARTNERSHIP
<input type="checkbox"/>	CO-OPERATIVES	<input type="checkbox"/>	TRUST		

3. APPLICANTS BUSINESS PARTICULARS

APPLICATION BY : _____

TRADING NAME : _____

CO/CC/CO-OP/TT/ REGISTRATION NO. : _____

PHYSICAL BUSINESS ADDRESS : _____

BUSINESS POSTAL ADDRESS : _____

_____ POSTAL CODE: _____

REGISTERED OFFICE PHYSICAL ADDRESS : _____

REGISTERED OFFICE POSTAL ADDRESS : _____

TELEPHONE : NO _____ CODE _____ CELL _____

FAX : NO _____ CODE _____ CELL _____

BANKERS : _____ Telephone No: _____

AUDITORS : _____ Telephone No: _____

EXISTING/PAST MEGA ACCOUNTS: ACC NO : _____ TYPE _____ STATUS _____

TAX NUMBER : _____

VAT NUMBER : _____

G.P.S READING : _____

SUBSIDIARIES & ASSOCIATED COMPANIES : _____

NAME _____

RELATIONSHIP _____

HAS ANY DIRECTOR SHAREHOLDER / MEMBER BEEN DELCARED INSOLVENT OR HAVE ANY RECORDED DEFAULT/ JUDGEMENT, IF YES, PROVIDE DETAILS, ARRANGEMENTS AND / OR DATE OF REHABILITATION.

YES / NO: _____

DETAILS: _____

TRADE REFERENCES

INSTITUTION	BRANCH	TYPE OF ACCOUNT

PARTICULARS OF COMPANIES, CC OR TRUSTS PROVIDING SURETY

NAME: _____ TRADE NAME: _____

REG NUMBER: _____

PHYSICAL ADDRESS: _____

REGISTERED OFFICE POSTAL ADDRESS: _____

REGISTERED OFFICE PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____ POSTAL CODE _____

EMAIL ADDRESS _____

TELEPHONE NO. _____ CELLULAR _____

4. PARTICULARS OF INDIVIDUALS

TO BE OBTAINED FOR ALL SOLE PROPRIETORS, ALL MEMBERS OF C.C'S ALL SHAREHOLDERS HOLDING MORE THAN 25% SHARES, ALL PERSONS PROVIDING PERSONAL DEEDS OF SURETY SHIP, EACH BENEFICIARY OF A TRUST, EACH TRUSTEE, THE FOUNDER OF THE TRUST, ANYBODY REPRESENTING THE APPLICANT AND THE CHIEF EXECUTIVE

SURNAME: _____ FIRST NAMES _____

TYPE OF IDENTITY _____ GENDER CODE _____

I.D NUMBERS _____ DATE OF BIRTH _____

MARITAL STATUS _____ TYPE OF MARRIAGE _____

RESIDENTIAL ADDRESS _____

POSTAL ADDRESS _____ POSTAL CODE _____

EMAIL ADDRESS _____

HOME TELEPHONE NO. _____ CODE _____ CELLULAR _____

RELATIONSHIP TO BUSINESS _____ PERCENTAGE INTEREST _____

Are you directly related to any MEGA staff member? YES NO

If yes, provide more information:

5. ITEMS TO BE FINANCED	VALUE
DESCRIPTION _____	R _____
_____	R _____
_____	R _____
_____	R _____
_____	R _____

(N.B. For plant and machinery loans provide as much details as possible about the transaction incl specifications, quotations, etc)

6. SECURITY OFFERED	
DESCRIPTION _____	R _____
_____	R _____
_____	R _____
_____	R _____
_____	R _____

7. ASSETS TO BE INVESTED/OWN CONTRIBUTION	
CASH: _____	R _____
MOVEABLE: _____	R _____
STOCK: _____	R _____
OTHER: _____	R _____

8. DECLARATION
I understand, (full name) _____ Accuracy of the particulars herein given and agree that they form the basis upon which this application is to be considered and that any discrepancy subsequently discover may result in the withdrawal of any loan facilities that may be offered.
DATED _____ SIGNED _____
FOR AND ON BEHALF OF _____ (NAME OF APPLICANT CO.)
NOTE: THIS DECLARATION IS TO BE COMPLETED FOR THE APPLICANT AND ANY PERSON OR ENTITY PROVIDING SURETY FOR THE LOAN
APPLICANTS NAME: _____
FINANCIAL DETAILS OF: _____ CAPACITY: _____
STATEMENT OF ASSETS AND LIABILITIES AS AT: _____
SIGNATURE: _____

NON CURRENT ASSETS

FIXED PROPERTY - description of assets	Date of Purchase	Price Paid	Current Value

FIXED IMPROVEMENTS

VEHICLE, MACHINERY AND EQUIPMENT

OTHER

Computers			
Office Equipment			
Breeding Livestock			
Other			

INVESTMENTS / INSURANCE POLICIES

CURRENT ASSETS

Positive Bank Balance			
Stock on hand			
Marketable Livestock			
Farm Products			
Debtors			
Other			

PERSONAL INCOME AND EXPENDITURE

NAME OF APPLICANT: _____ DATE: ____ / ____ / ____

Monthly Income:

R

Salary	
Salary of Spouse	
Commissions	
Investments	
Other	
TOTAL INCOME	

Monthly Expenditure

R

Taxation (PAYE)	
Medical Aid	
Bond Repayments	
Hire Purchase Agreements	
Lease Agreements	
Credit Card Accounts	
Insurance Premiums	
Loan Repayments	
Electricity	
Water	
Rates and Taxes	
Transport	
Groceries	
Clothing	
Doctor, etc	
Other	
TOTAL EXPENDITURE	
SURPLUS AVAILABLE	

I/We hereby declare that this is a full true and correct statement of my/our position and my/our assets are not encumbered other than as stated in this document.

Signed at _____ on this _____ day of _____ (month) 20 _____

Signature of Applicant _____

Advisor: _____ Signature: _____

COPIES OF DOCUMENTS REQUIRED TO ACCOMPANY THE APPLICATION

DOCUMENT	SOLE PROPS & PARTNERSHIP	CLOSE CORPORATION		COMPANIES		TRUSTS			OTHER LEGAL ENTITIES
		CC	Members	CO	Directors	Trust	Trustees	Founder	
Id's of owner, member, directors.	✓		✓		✓		✓	✓	
Authorized representative									✓
Marriage Certificate of above	✓	✓	✓		✓		✓	✓	
Founding Statements									
Certificate to Commence Business				✓					
Memo & Articles of Association				✓					
Deed of Trust						✓			
Authorization to act as Trustees									✓
Constitution				✓		✓			✓
Latest Tax and/or VAT Return	✓	✓		✓		✓			✓
Proof of physical address	✓	✓	✓	✓	✓	✓	✓	✓	✓
Proof of Telephone number	✓	✓	✓	✓	✓	✓	✓	✓	✓
Proof of cellphone number	✓	✓	✓	✓	✓		✓	✓	✓
Notice of reg. Office physical Address				✓					
Notice of reg. Office postal address				✓					
Details of Assets and Liabilities	✓	✓	✓	✓	✓	✓	✓	✓	✓
Curriculum Vitae	✓	✓	✓		✓		✓		

OTHER DOCUMENTS REQUIRED (TICK THOSE REQUIRED)

COPIES OF

Last 2 Years Financial Statements		Disclosure document of franchise	
Last management accounts		Financial statements of franchiser	
Last 6 months bank statements		Buy back agreement	
Business plan of the venture		Contracts / Orders	
Sale Agreements		Life assurance policy to be ceded	
Lease agreements		Existing comprehensive insurance policies	
Quotes for goods to be financed		Cash flow of contracts	
Title deeds of property to be financed		Certificate of registration of business vehicle	
Proof of collateral to be provided		Schedule of completed contracts and references	
Franchise agreement			

PARTICULARS OF ADDITIONAL MEMBERS

ANNEXURE A

SURNAME: _____ FIRST NAMES _____
 TYPE OF IDENTITY _____ GENDER CODE _____
 I.D NUMBERS _____ DATE OF BIRTH _____
 MARITAL STATUS _____ TYPE OF MARRIAGE _____
 RESIDENTIAL ADDRESS _____
 POSTAL ADDRESS _____ POSTAL CODE _____
 EMAIL ADDRESS _____
 HOME TELEPHONE NO. _____ CODE _____ CELLULAR _____
 RELATIONSHIP TO BUSINESS _____ PERCENTAGE INTEREST _____
 Are you directly related to any MEGA staff member? YES NO
 If yes, provide more information:

SURNAME: _____ FIRST NAMES _____
 TYPE OF IDENTITY _____ GENDER CODE _____
 I.D NUMBERS _____ DATE OF BIRTH _____
 MARITAL STATUS _____ TYPE OF MARRIAGE _____
 RESIDENTIAL ADDRESS _____
 POSTAL ADDRESS _____ POSTAL CODE _____
 EMAIL ADDRESS _____
 HOME TELEPHONE NO. _____ CODE _____ CELLULAR _____
 RELATIONSHIP TO BUSINESS _____ PERCENTAGE INTEREST _____
 Are you directly related to any MEGA staff member? YES NO
 If yes, provide more information:

SURNAME: _____ FIRST NAMES _____
 TYPE OF IDENTITY _____ GENDER CODE _____
 I.D NUMBERS _____ DATE OF BIRTH _____
 MARITAL STATUS _____ TYPE OF MARRIAGE _____
 RESIDENTIAL ADDRESS _____
 POSTAL ADDRESS _____ POSTAL CODE _____
 EMAIL ADDRESS _____
 HOME TELEPHONE NO. _____ CODE _____ CELLULAR _____
 RELATIONSHIP TO BUSINESS _____ PERCENTAGE INTEREST _____
 Are you directly related to any MEGA staff member? YES NO
 If yes, provide more information:

SURNAME: _____ FIRST NAMES _____
 TYPE OF IDENTITY _____ GENDER CODE _____
 I.D NUMBERS _____ DATE OF BIRTH _____
 MARITAL STATUS _____ TYPE OF MARRIAGE _____
 RESIDENTIAL ADDRESS _____
 POSTAL ADDRESS _____ POSTAL CODE _____
 EMAIL ADDRESS _____
 HOME TELEPHONE NO. _____ CODE _____ CELLULAR _____
 RELATIONSHIP TO BUSINESS _____ PERCENTAGE INTEREST _____
 Are you directly related to any MEGA staff member? YES NO
 If yes, provide more information:

