

FROST LOGISTICS

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Blackheath
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(PTY) LTD
CK Reg. No. 2024/238415/07
VAT Reg. No. 4350221430

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DEFERRED PAYMENT APPLICATION

PLEASE PRINT CLEARLY IN BLOCK LETTERS

application by

_____)
(Registration number: _____)

(Hereafter referred to as "**the Client**")

to enter into an agreement of trade with

FROST LOGISTICS (PTY) LTD

(Registration number: **2024/238415/07**)

(Hereafter referred to as "**the Carrier**")

I/We hereby wish to make application for a deferred payment facility as provided for in terms of Section 4(6)(b) of the National Credit Act, 2005

In support of the application the following particulars are supplied

BUSINESS CONTACT INFORMATION

FULL REGISTERED NAME OF BUSINESS: _____

PTY (LTD) CC PARTNERSHIP OTHER: _____

TRADING NAME (IF NOT AS ABOVE): _____

HOLDING COMPANY (IF APPLICABLE): _____

COMPANY REGISTRATION NUMBER: _____

VAT REGISTRATION NUMBER (PLEASE ATTACH COPY): _____

PREVIOUS TRADING/ REGISTERED NAMES: _____

TYPE OF BUSINESS: _____ DATE OF COMMENCEMENT OF BUSINESS: _____

REGISTERED COMPANY ADDRESS: _____

TOWN/CITY: _____ CODE: _____

POSTAL ADDRESS: _____ CODE: _____

DELIVERY ADDRESS (IF NOT THE SAME AS REGISTERED ADDRESS): _____

_____ CODE: _____ TELEPHONE NUMBER: _____ FAX NUMBER: _____

NAME OF PERSON RESPONSIBLE FOR PLACING ORDERS: _____

E-MAIL: _____ TELEPHONE NUMBER: _____

PERSON RESPONSIBLE FOR PAYING ACCOUNTS: _____

E-MAIL: _____ TELEPHONE NUMBER: _____

ARE CLIENT'S ORDER NUMBERS REQUIRED: YES NO DO YOU MAKE USE OF CUT OFFS: YES NO DATE: _____

GENERAL INFORMATION

ARE THE BUSINESS PREMISES OWNED OR RENTED BY THE CLIENT? (MARK WITH AN X): RENTED? OWNED?

IF RENTED, PLEASE FURNISH THE DETAILS OF THE LANDLORD:

NAME: _____

POSTAL ADDRESS: _____

TOWN/ CITY: _____ POSTAL CODE: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

CREDIT AND BANKING INFORMATION

ACCOUNTS ARE PAID BY (MARK WITH AN "X"): CASH EFT

MAXIMUM DEFERRAL FACILITY REQUIRED: PER MONTH R _____ FACILITY LIMIT: _____

NAME THAT APPEARS ON YOUR BANK ACCOUNT: _____

BANK NAME: _____ ACCOUNT NUMBER: _____

BRANCH CODE: _____ (PLEASE ATTACH COPY OF BANK PROOF)

HAS THE BUSINESS OR ANY OF IT'S PRINCIPALS HAD ANY JUDGEMENT AGAINST THEM? _____ IF YES LIST SEPARATELY.

HAS THE BUSINESS OR ANY OF IT'S PRINCIPALS BEEN LIQUIDATED OR SEQUESTERED? _____ IF YES LIST SEPARATELY.

HAVE MORATORIUMS OR OFFERS OF COMPROMISE EVER BEEN MADE TO ANY CREDITORS? _____ IF YES LIST SEPARATELY.

PLEASE LIST ALL FACTORING, SECURITIES, SURETIES, CESSION OF DEBTORS, MORATORIUMS, NOTARIAL BONDS AND PERSONAL GUARANTEES SEPARATELY.

PLEASE LIST SECURITIES OFFERED TO SUPPORT THIS APPLICATION: _____

AUDITOR, ACCOUNTING OFFICER OR ACCOUNTANT DETAILS

NAME: _____

ADDRESS: _____

TOWN/CITY: _____ CODE: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

ARE LATEST AUDITED FINANCIAL STATEMENTS AVAILABLE? (MARK WITH AN "X") YES NO

TRADE REFERENCES

(TO BE SUPPLIERS OF GOODS AND SERVICE EXCLUDING CONTRACTS, RENTALS, LEASES ETC, FOR A MINIMUM OF SIX MONTHS)

1. COMPANY NAME: _____ LANDLINE NUMBER: _____
CONTACT PERSON: _____ TRADING TIME: _____
AVERAGE MONTHLY PURCHASES: R _____ TERMS: _____
CREDIT LIMIT: _____
2. COMPANY NAME: _____ LANDLINE NUMBER: _____
CONTACT PERSON: _____ TRADING TIME: _____
AVERAGE MONTHLY PURCHASES: R _____ TERMS: _____
CREDIT LIMIT: _____
3. COMPANY NAME: _____ TELEPHONE NUMBER: _____
CONTACT PERSON: _____ TRADING TIME: _____
AVERAGE MONTHLY PURCHASES: R _____ TERMS: _____
CREDIT LIMIT: _____

ASSETS AND ANNUAL TURNOVER OF THE BUSINESS (JURISTIC PERSON) REGARDING THE CONSUMER PROTECTION ACT 68 OF 2008

For the purpose of the Consumer Protection Act 68 of 2008 sections 5(2)(b) and 6 please reveal the following of your business in terms of the said Act read with Government Gazette Notice 294 with GG34181 dated 1 April 2011 by marking the relevant box(s) with an "X"

ASSET VALUE	OVER R 1 MILLION		UNDER R 1 MILLION	
ANNUAL TURNOVER	OVER R 1 MILLION		UNDER R 1 MILLION	

ASSETS AND ANNUAL TURNOVER OF THE BUSINESS (JURISTIC PERSON) FOR THE PURPOSE FO THE NATIONAL CREDIT ACT 34 OF 2005.

For the purpose of the National Credit Act 34 of 2005 sections 4(1)(a)(i) and 7(1)(a) please reveal the following of your business in terms of section 4(2)(a) of the said Act with Government Gazette Notice 713 of 2006 by marking the relevant box(s) with an "X".

ASSET VALUE	OVER R 1 MILLION		UNDER R 1 MILLION	
ANNUAL TURNOVER	OVER R 1 MILLION		UNDER R 1 MILLION	
CAN THE LATEST AUDITED FINANCIAL STATEMENTS OR MANAGEMENT ACCOUNTS BE MADE AVAILABLE	YES		NO	WHAT YEAR? (YYYY)

FULL DETAILS OF DIRECTORS / MEMBERS / SHAREHOLDERS / PROPRIETORS / TRUSTEES

- FULL NAME: _____ ID NUMBER: _____

RESIDENTIAL ADDRESS: _____

CODE: _____ % SHAREHOLDING / INTEREST: _____ (PLEASE INCLUDE COPY)
- FULL NAME: _____ ID NUMBER: _____

RESIDENTIAL ADDRESS: _____

CODE: _____ % SHAREHOLDING / INTEREST: _____ (PLEASE INCLUDE COPY)
- FULL NAME: _____ ID NUMBER: _____

RESIDENTIAL ADDRESS: _____

CODE: _____ % SHAREHOLDING / INTEREST: _____ (PLEASE INCLUDE COPY)
- FULL NAME: _____ ID NUMBER: _____

RESIDENTIAL ADDRESS: _____

CODE: _____ % SHAREHOLDING / INTEREST: _____ (PLEASE INCLUDE COPY)
- FULL NAME: _____ ID NUMBER: _____

RESIDENTIAL ADDRESS: _____

CODE: _____ % SHAREHOLDING / INTEREST: _____ (PLEASE INCLUDE COPY)

SIGNATORIES

I/ WE, THE UNDERSIGNED 1) _____ 2) _____

IN MY/ OUR CAPACITY AS 1) _____ 2) _____

AND BEING AN AUTHORISED REPRESENTATIVE(S) OF THE CLIENT, HEREBY DECLARE/ DECLARES AS FOLLOWS:

THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT, AND I/ WE UNDERTAKE TO NOTIFY IN WRITING, ANY CHANGE OF DETAILS SHOWN HEREIN, INCLUDING CHANGE OF OWNERSHIP, NAME, OR ADDRESS, WITHIN SEVEN WORKING DAYS OF THE CHANGE.

I/ WE HAVE RECEIVED A COPY OF THE TRANSPORT AGREEMENT. WE AGREE THAT ALL BUSINESS BETWEEN US (WHETHER UNDER QUOTATION, ORDER, CONTRACT OF SALE, OR OTHERWISE) SHALL BE IN THE TERMS OF THE TRANSPORT AGREEMENT AND/OR THOSE TERMS CONTAINED HEREIN, WHICHEVER ONE IS AUTHORITATIVE.

THERE ARE _____ (_____) SEPARATE SHEETS ATTACHED TO THIS DOCUMENT.

THE UNDERSIGNED ACCEPT/S THE TRANSPORT AGREEMENT. THE CLIENT ACKNOWLEDGES THAT ANY AMOUNT DUE FOR GOODS OR SERVICES WILL BE DUE UNCONDITIONALLY WITHIN THE DEFERRED PAYMENT PERIOD GRANTED FROM THE DATE OF A TAX INVOICE ISSUED BY THE CARRIER. THE CLIENT HEREBY DECLARES THAT CHEQUES WILL NOT BE ISSUED IN PAYMENT UNLESS THERE ARE SUFFICIENT FUNDS AVAILABLE AND THAT SUCH FUNDS WILL REMAIN AVAILABLE IN ORDER THAT ALL CHEQUE PAYMENTS WILL BE HONOURED AND THAT UNDER NO CIRCUMSTANCES WILL PAYMENT OF ANY CHEQUE BE STOPPED.

SECTION B

REFER TO CLAUSE 18 TO 28 AS PER TERMS AND CONDITIONS.

SIGNED ON THIS _____ DAY OF _____ 20____ YEAR

AT: _____

SIGNATURE

FULL NAME

IDENTITY NUMBER