

Scan and email completed form to zambiabusinesscard@shoprite.co.za

1. Applicant Details

Registered Name of Business _____ Company Registration Number _____
 Trading Name _____
 Physical Address (chosen domicilium address) _____ Postal Address _____
 _____ Code _____ Code
 Country _____ Country _____

Applicant Contact Details

Telephone Number _____ Fax Number _____
 Cell Phone Number _____ E-mail Address _____

2. Details of Authorised Representative

Title (Mr/Mrs/Ms/Other) _____ Initials _____
 Names _____ Surname _____
 Identity Number _____ Date of Birth (dd/mm/yyyy) _____
 Designation _____
 Authorised Signature Date (dd/mm/yyyy) _____

3. Bank Account Details

We need this information to assess your credit status.

Name of Bank _____ How many years have you banked there? _____
 Type of Account: Current Savings Transmission
 Account Number _____ Branch Code _____

4. Debit Order Authorisation

Would you like to pay your Shoprite Card by debit order? Yes No

PLEASE COMPLETE THE ATTACHED DDAC MANDATE FORM (FORMDD8)

5. Preferences

Would you like to receive your statements via: E-mail (preferred) Post

6. Purchase Limit

Purchase limit applied for: K _____

Additional cards required? Quantity

7. Signature on behalf of Applicant

I hereby confirm that all details supplied above are true and correct. I acknowledge that I have read and understand the terms and conditions attached to this application form and undertake on behalf of the Applicant.

Signed at _____ on _____ / _____ / _____
 (Full address where application was signed) (day) (month) (year)

Signature on behalf of Applicant

Full Name of Signatory _____ Designation _____

- Documents required**
- Bank Reference letter stating name and bank account number
 - Certificate of Incorporation
 - Tax clearance certificate
 - Debit order authorisation form (DD8)
 - Proof of identificaion

Shoprite Business Card

DEBIT ORDER AUTHORISATION (Form DD8)

Authority and Mandate for Payment Instructions

Name of individual, school, company, close corporation, trust or partnership (hereinafter 'the Client')

.....

ID/Registration name

The Client hereby authorise Shoprite Checkers (Pty) Ltd (hereinafter 'Shoprite') to:
Collect the amount due on the Client's monthly Buying Card statement, in respect of its Buying Card,
on the 1st day of each month from the bank account as described below:

Bank account name:.....

Bank account number:.....

Bank:.....

City/Town:.....

Branch number:.....

Type of account:.....

(please provide us with a cancelled cheque or a certified copy of your bank statement, indicating the bank details as provided above)

and to **credit** such amount monthly to the Client's Buying Card account.

By signing this form the Client accepts and agrees that:

- This authorisation will remain in force until cancelled by the Client in writing or until Shoprite notifies the Client of its cancellation.
- It will be a breach of this agreement if the client changing its banking details for the debit order, without giving Shoprite prior written notice of the change and giving Shoprite its new banking details.
- Shoprite will send the monthly statement to the Client at the address provided on the Buying Card application form.
- It will be the Client's duty to check the statement to make sure that it is correct. Unless the Client raises a query about its statement within 24 days from the date of the statement, it will be deemed to be correct.
- If the collection date falls on a weekend or a public holiday, the debit order will be collected on the last working day before the date mentioned above.
- The amount collected from the Client's bank account may differ from month to month, depending on the amount outstanding on my monthly statement.
- All payment instructions issued by Shoprite shall be treated by the Client's abovementioned bank as if the instructions had been issued by the Client personally.
- The Client may not delegate any of it's obligations in terms of this agreement to any third party.

Signature by authorised signatory on

bank account:.....

Date:

Full names and surname of signatory:

Identity number:

Designation: