

APPLICATION FOR LEASE OF PROPERTY

1. APPLICANT'S PARTICULARS:

Details of Applicant

Full Name:	<input type="text"/>		
Identity Number	<input type="text"/>		
Company Name	<input type="text"/>		
Company Registration No.	<input type="text"/>	VAT Registration No.	<input type="text"/>
Total Number of Employees	<input type="text"/>	Anticipated Annual Turnover R	<input type="text"/> p/a.
Postal Address	<input type="text"/> <input type="text"/> <input type="text"/> Code <input type="text"/>		
Domicilium Address	<input type="text"/> <input type="text"/> <input type="text"/> Code <input type="text"/>		
Telephone No. (Home)	<input type="text"/>	Telephone No. (Work)	<input type="text"/>
Cell. No.	<input type="text"/>	Fax No.	<input type="text"/>
E-mail address	<input type="text"/>		

Details of Representative authorised to sign Agreement: (certified true copy of Empowering Resolution attached)

Full Name	<input type="text"/>
Identity Number	<input type="text"/>
Designation: i.e. Private / MD / Director / Member of CC / Partner	<input type="text"/>

Full Names and Identity Numbers of Proprietor, Partners, Shareholders, Members or Trustees:

Full Name:	ID Number:	Physical Address:	Contact Details:
			Cell. No.:
			Business Telephone No.: ()
Full Name:	ID Number:	Physical Address:	Contact Details:
			Cell. No.:
			Business Telephone No.: ()
Full Name:	ID Number:	Physical Address:	Contact Details:
			Cell. No.:
			Business Telephone No.: ()

Is the Business at: - Sole Trade: ☐ - Listed Company: ☐ - Close Corporation: ☐ - Private Company: ☐ - Trust: ☐ (Tick Applicable)

Marital Details (if the Applicant is a Private Individual):Marital status

If married in community of property, provide details of Spouse:

Full Name Full Address
.....
..... Code**Details of Next of Kin:**Full Name: Relationship: Full Address
.....
..... CodeTelephone No. (Home) Cell. No. **Details of Person responsible for payment of account:**Full Name: Designation Telephone No. Cell. No. Fax No. E-mail address **Details of Person standing Surety ship (Applicable to Close Corporations and Pty Ltds):**Full Name Identity Number Domicilium Address
.....
..... CodeFull Name Identity Number Domicilium Address
.....
..... CodeFull Name Identity Number Domicilium Address
.....
..... Code

2. LEASE REQUIREMENTS:

Station / Place

Description and Extent of Property required to Lease

.....
.....
.....

Will water be required?

YES ☐ NO ☐

Will electricity be required?

Single Phase (220 V): YES ☐ NO ☐

Three Phase (380 V): YES ☐ NO ☐

Parking requirements (if available)

Describe in detail what the Premises will be used for

.....
.....
.....

Rental offer per month for the property / buildings (Excl. VAT):

R

escalating at % per annum.

Required Lease Period

From

To

3. APPLICANT'S CREDIT WORTHINESS ASSESSMENT DETAILS:

Date of Applicant's Financial Year-End

Auditor's/Accountant's Details:

Name

Registered Address

.....
.....
..... Code

Telephone No.

()

Holding Company and/or Subsidiary Company's details:

Full Name

Reg. No.

Shares

%

Full Name

Reg. No.

Shares

%

Full Name

Reg. No.

Shares

%

Bank Details:

Name of Account Holder

Bank

Branch

Account No.

Tel. No.

()

Date Account opened

Trade References (Company/Institution/Legal Entity):

Name

Registered Address

.....
.....
..... Code

Business Telephone No. () Cell. No.
 Average Monthly Purchases R E-mail Address
 Period Account Held Account No.

Name
 Registered Address
 Code

Business Telephone No. () Cell. No.
 Average Monthly Purchases R E-mail Address
 Period Account Held Account No.

Name
 Registered Address
 Code.....

Business Telephone No. () Cell. No.
 Average Monthly Purchases R E-mail Address
 Period Account Held Account No.

Has the Applicant or any of the Owners/Partners/Members/Directors of the Applicant ever been Declared Insolvent? YES ☐ NO ☐
 If **YES**, provide details:

Full Name:
 Date of Declaration Date of Rehabilitation
 Full Name
 Date of Declaration Date of Rehabilitation

Have any of the Owners/Partners/Members/Directors of the Applicant had any judgments against them? YES ☐ NO ☐

If **Yes**, provide details

Have you signed Surety for anyone? YES ☐ NO ☐

If **Yes**, provide details

4. RISK ASSESSMENT DETAILS:

4.1 GENERAL

4.1.1 Type of Business

4.1.2 How long has this Business been in operation?

4.1.3 Names and contact details of references to confirm Applicant's reputation in the industry:

Name

Registered Address:

.....
.....
.....Code.....

Business Telephone:

()

Cell No.

Name:

Registered Address:

.....
.....
.....Code.....

Business Telephone:

()

Cell No.

4.1.4 Have the necessary licenses been obtained from the relevant Authorities? YES ☐ NO ☐

4.2 OCCUPATIONAL HEALTH & SAFETY

- | | | | |
|-------|---|------------------------------|-----------------------------|
| 4.2.1 | Are you aware of the Occupational Health & Safety Act 85 of 1993? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4.2.2 | Do you have a copy of the Occupational Health & Safety Act 85 of 1993? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4.2.3 | Do you undertake to comply fully with the Occupational Health & Safety Act 85 of 1993? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4.2.4 | Will you appoint a 16.2 Assignee responsible for compliance with the Occupational Health & Safety Act 85 of 1993? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4.2.5 | Will Health and Safety Representatives be trained and appointed in writing? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4.2.6 | Will a Health and Safety chairperson be appointed in writing? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4.2.7 | Will a Health and Safety committee be elected and appointed? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4.2.8 | Will Health and Safety representatives conduct monthly Health and Safety inspections using inspection checklists? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4.2.9 | Will first aiders be trained and appointed? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

4.3 LOCAL AUTHORITIES

- | | | | |
|-------|---|------------------------------|-----------------------------|
| 4.3.1 | Will you ensure that all fire fighting equipment and fire exits are maintained free of any obstructions and are readily accessible at all times? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4.3.2 | Will you ensure that all fire extinguishers are wall mounted in conspicuous places and are clearly signposted? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4.3.3 | Will you ensure that all fire extinguishers are serviced annually in accordance with SANS (SABS) specifications? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4.3.4 | Will you ensure that storage of any flammable liquids or gases kept or used on the property will meet with Local Authorities approval and that the applicable flammable liquid/gases registration certificates issued by the fire department are obtained and renewed annually? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4.3.5 | Will you ensure that fire team members are trained and appointed in writing? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4.3.6 | Will you ensure that formal fire procedure notices detailing what action to be taken in the event of a fire are displayed in all areas including the security gatehouse? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4.3.7 | Will you ensure that after hours emergency contact names and telephone numbers are available to the security personnel? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

4.4 SECURITY CONSIDERATIONS

- | | | | |
|-------|--|------------------------------|-----------------------------|
| 4.4.1 | Will all security personnel employed by yourselves be registered with the PSIRA (Private Security Industry Regulatory Authority)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4.4.2 | Will all security personnel employed by yourselves be provided with written procedures? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4.4.3 | Will all security personnel be provided with an alternative means of summoning outside assistance in the event of an emergency after hours i.e. a portable panic button? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

4.5 NATIONAL BUILDING REGULATIONS (SANS 10400)

- | | | | |
|-------|--|------------------------------|-----------------------------|
| 4.5.1 | Are you aware of SANS 10400 (SABS 0400) National Building Regulations? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|-------|--|------------------------------|-----------------------------|

5. DECLARATION

CONSENT TO PROCESSING OF PERSONAL INFORMATION INTERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT, 23 OF 2013

I acknowledge that this application contains personal information as defined in the Protection of Personal Information Act, 2013 (the "Act"). By completing and signing this application, I consent to the processing and further processing of my personal information in accordance with the requirements of the Act. I acknowledge that the purpose for processing my personal information is in terms of this application.

I declare that all the information supplied in this application form is correct.

By signing this application, all parties irrevocably agree to abide by the provisions as set out in the Act as well as agree and acknowledge that all information provided, whether personal or otherwise will be processed for purposes of the application and such processing may include sharing the information with third parties and placing such information in the public domain. It is specifically agreed that the Responsible party will use its best endeavors and take all reasonable precautions to ensure that any information provided is only used for the purpose for which it has been provided.

Should you not agree to the terms and conditions as set out in this consent declaration, you must notify the requester immediately, failing which it will be deemed that you accept and agree to the terms and conditions set out herein. Should you object to the processing and/or further processing of your personal information, your application will not be processed further.

All your personal information provided to Transnet Property will be held/stored securely for the purposes for which it was collected. You undertake to immediately advise Transnet Property of any changes to your personal information should any of these details change.

APPLICANT'S SIGNATURE & DISCHARGE

I/We hereby authorise Transnet Property to make use of the information contained herein and to contact any person and/or undertaking in order to determine whether or not to establish a credit account for me/us.

I/We warrant and certify that:

- The above information is true and correct.
- I am/We are duly authorised to sign this application for credit facilities.

Name of Account Holder: (For Applicant who warrants that he/she is duly authorised)

Full Name:

Signature of Applicant

Date

Witnesses:

1. Signature

Witness' name

Witness' address

.....
.....
..... Code

2. Signature

Witness' name

Witness' address

.....
.....
.....Code.....

6. REQUIRED SUPPORTING DOCUMENTATION CHECKLIST

Required Supporting Documentation:	Office Use (tick if present)
Copy of Identity Document of Applicant or its authorised representative	
Proof of Residence (e.g. Rates Account or Water / Electricity Invoice)	
Copy of Company or Close Corporation Registration Certificate (if applicable)	

(TO BE COMPLETED BY TRANSNET PROPERTY MANAGEMENT)

Registered description of
the property to be leased:

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Deposit (Incl. VAT)	R	
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Lease Preparation Fee R Stamp Duty R

[illegible]

Property Marketer's Name: _____

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Name:

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Designation: Financial Manager

Signed:

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 Date

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LEASE APPLICATION APPROVED/REJECTED

	<table border="1"><tr><td></td></tr></table>	
	n: Portfolio Manager	
<table border="1"><tr><td></td></tr></table> Date <table border="1"><tr><td></td></tr></table>		