

DIRECTOR INFORMATION	Please provide the full details of Directors/Members or Owners		
	1. Full Names:	_____	Identity No.: _____
	Telephone No.:	(_____) _____	Mobile No.: _____
	2. Full Names.:	_____	Identity No.: _____
	Telephone No.:	(_____) _____	Mobile No.: _____

I/We the undersigned hereby accept the attached TERMS AND CONDITIONS OF AGREEMENT; and

- Confirm that the information stated herein is both true and correct in every aspect and represents a true reflection of my personal and in the event of a juristic person, its financial position.
- In the event of any dispute resolution and or the institution of legal action, the aforesaid information can and will be used, unless this information has been changed or amended in writing by yourself/itself.
- Grant my consent to BIAS consultants cc, at its sole discretion, or its assignees and or a third party to confirm the aforesaid information verbally, electronically and/or in writing.
- That the aforementioned information can and will be published with any and all Credit Bureau's or Data Capturing services in the event that the account is in arrears or any term/provision or clause of the standard conditions of agreement is breached.
- Certify that I am duly authorised to sign this application and that my signature will be binding on the Applicant.

Thus done and signed at _____ on this the ____ day of _____, 20_____.

Company Stamp

(SIGNATURE)

(NAME)

(DESIGNATION)