

APPLICATION TO LEASE PREMISES

I/We hereby apply to enter into a lease agreement with RDI Devco One (Pty) Ltd in respect of premises located in the The Grove.

I/We submit, in confidence, the information set out on my/our application.

I/We certify and warrant that:

- a) the information furnished is true and correct; and
- b) I/We have authority to sign this application; and
- c) I/We have not misrepresented or concealed any material fact which might have a bearing on you entering into a lease with us.

I/We acknowledge that if you accept this application:-

- (a) I/We undertake, within seven days of receipt of a formal lease reflecting the terms agreed to sign such a lease and return it to you.
- (b) If I/We take occupation of the premises before entering into a formal lease and if I/We fail to enter into a formal lease within five days of being called upon to do so by you, then without prejudice to any other rights which you may have, including your right to compel us to enter into a formal lease, you shall be entitled to require us to vacate the premises on the receipt of twenty four hour notice to that effect.

FOR AND ON BEHALF OF _____
(Name of company or firm)

SIGNED _____
(who warrants his authority)

DATED AT _____ THIS _____ DAY OF _____ 200_____

PLEASE NOTE THAT ALL QUESTIONS ARE TO BE ANSWERED IN FULL. FAILURE TO DO SO, OR TO SUBMIT THE REQUIRED DOCUMENTS CALLED FOR, MAY RESULT IN A DELAY IN OBTAINING THE REQUIRED PREMISES. PLEASE ALSO NOTE THAT SIGNATURE HEREOF WILL ALLOW RDI DEVCO ONE TO PERFORM AN ITC CREDIT CHECK ON YOUR COMPANY.

Note: Please refer to the website www.thegroveriverside.co.za to access further documentation relating to the leasing of the premises.

A. PERSONAL DETAILS

1. NAME OF APPLICANT

(Full names of person or entity)

2. ADDRESS to which acceptance of this application and other correspondence prior to commencement of this lease should be sent (not a box number)

3. TELEPHONE NO. _____

4. FAX NO. _____

5. DIRECTORS/PARTNERS/MEMBERS/PROPRIETOR

(a) FULL NAME _____

RESIDENTIAL ADDRESS _____

BUSINESS ADDRESS _____

ID NO. _____

ACADEMIC QUALIFICATIONS _____

(b) FULL NAME _____

RESIDENTIAL ADDRESS _____

BUSINESS ADDRESS _____

ID NO. _____

ACADEMIC QUALIFICATIONS _____

(c) FULL NAME _____

RESIDENTIAL ADDRESS _____

BUSINESS ADDRESS _____

ID NO. _____

ACADEMIC QUALIFICATIONS _____

B. PREVIOUS EXPERIENCE

1. State what type of business you wish to establish:

2. Have you had any experience in the type of business for which the leased premises will be used?

3. If not, what business experience have you had?

4. Have you or any business you have been involved with, ever been insolvent, liquidated or placed under judicial management?

5. Has there ever been a judgement against your business or any business with which you have been associated. If so, please explain the circumstances:

6. How much do you intend to spend on fixtures and fittings?

7. Do you intend to effect payment for these items in cash or finance them on hire purchase, or lease?

8. How much working capital will you have available for financing stock, debtors, work in progress, initial losses etc.

9. Please furnish details of any organisation to which you have paid rent:

10. Who are your insurance brokers?

11. Please provide three trade references:

NAME OF FIRM	CURRENT / PAID UP	PHONE NUMBER	FOR OFFICE USE

C. DESCRIPTION OF PREMISES REQUIRED

1. What is the trade name of the business to be carried out in the leased premises?

2. Approximate total area required: _____

3. Location of premises within the shopping centre:

(a) Shop No: _____

(b) Commencement Date: _____

(c) Period of Lease: _____

4. In whose name will the lease be:

5. C.C. or company registration number:

6. VAT registration number

D. DESCRIPTION OF UTILISATION OF PREMISES

1. What type of shop or chain do you wish to emulate:

2. What budget forecast (if any) have you done:

Attach budgeted cash flow and income statement, if available

3. What staff are being employed (e.g. cashiers, salespersons, etc.)

4. What training will you provide to the staff:

5. Describe the fixtures and fittings you intend purchasing:

DETAILS OF SOLE PROPRIETOR

FULL NAME: _____

RESIDENTIAL ADDRESS: _____

BUSINESS ADDRESS: _____

ID NO.: _____

HOW MARRIED: _____

ACADEMIC QUALIFICATIONS: _____

DO YOU OWN ANY IMMOVABLE
PROPERTY? _____

IF SO, PLEASE PROVIDE DETAILS: _____

WHO ARE YOUR BANKERS?

PERSONAL - BANK _____

BRANCH _____

NAME OF ACCOUNT _____

BUSINESS - BANK _____

BRANCH _____

NAME OF ACCOUNT _____

F. DETAILS OF GUARANTORS/SURETIES

(a) FULL NAME: _____

RESIDENTIAL ADDRESS: _____

ID NO.: _____

NET ASSETS _____

(b) FULL NAME: _____

RESIDENTIAL ADDRESS: _____

ID NO.: _____

NET ASSETS: _____

(c) FULL NAME: _____
RESIDENTIAL ADDRESS: _____
ID NO.: _____
NET ASSETS: _____

**ONCE COMPLETED, PLEASE FAX BACK TO (011) 550-6905:
ATTENTION ESMERALDE LOTHERING**

FOR OFFICE USE ONLY

Report on R _____ monthly rental over a period of _____
Report and recommendation: _____

