

APPLICATION FOR LEASE OF PROPERTY

This application form contains personal information as defined in the Protection of Personal Information Act, 2013 (the "Act"). It is specifically agreed that Transnet Property will use its best endeavours and take all reasonable precautions to ensure that any information provided is only used for the purpose for which it has been provided, and is stored securely, in accordance with Transnet Records Management Policy, the Information Classification Standard 270424, and in compliance with the provisions of the Act.

By filling this application, all parties consent to the processing and further processing of their personal information in accordance with the requirements of the Act and acknowledge that the purpose for processing personal information is in terms of this application. All parties declare that all the information supplied in this application form is true and correct at the time of collection and undertake to immediately advise Transnet Property of any changes to their personal information should any of these details change.

Should you object to the processing and/or further processing of your personal information, your application will not be processed further.

1. APPLICANT'S PARTICULARS:

Details of Applicant

Full Name: _____

Identity Number: _____

Company Name: _____

Company Registration No. _____ VAT Registration No. _____

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

Postal Address -

_____ Code _____

Domicile Address -

_____ Code _____

Cell Phone No. _____ Alternative No. _____

E-mail address: _____

Details of Representative authorised to sign Agreement: (Attach copy of Signed Resolution Meeting Minutes and/or Power of Attorney)

Full Name: _____

Identity Number: _____

Designation: i.e., Private / MD / Director / Member of CC / Partner _____

Marital Details (Mandatory if the Applicant is a Sole Trader):

Marital status

Single Married in community of property Married out of community of property Divorced Widowed

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

Full Name: _____

Full Address: _____

Details of Next of Kin (not residing with you):

Full Name: _____

Relationship: _____

Full Address: _____

Telephone No. (Home) Cell. No. _____

Details of Person responsible for payment of account:

Full Name: _____

Designation: _____

Telephone No. _____ Cell. No. _____

E-mail address: _____

Details of Person standing Surety ship (Applicable to Close Corporations and Pty Ltds):

1. Full Name: _____ Signature: _____

Identity Number: _____

Domicile Address: _____

_____ Code _____

2. Full Name: _____ Signature: _____

Identity Number: _____

Domicile Address: _____

_____ Code _____

2. LEASE REQUIREMENTS:

Town / Place: _____

Description and Extent of Property required to Lease: _____

Will water be required? YES NO



Will electricity be required? If yes, tick the applicable: Single Phase (220 V): Three Phase (380 V):

Parking requirements (if available) _____

Describe in detail what the premises will be used for:

Rental offer per month for the property / buildings (Excl. VAT):
escalating at % per annum.

R

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: _____

Telephone No. _____

Holding Company and/or Subsidiary Company's details:

1. Full Name: _____ Reg. No: _____ Shares: %

2. Full Name: _____ Reg. No: _____ Shares: %

3. 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. _____

E-mail Address. _____

Average Monthly Purchases. _____

Period Account Held Account No. _____



Name: _____

Registered Address: _____

_____ Code _____

Business Telephone No. _____ Cell. No. _____

E-mail Address. _____

Average Monthly Purchases. _____

Period Account Held Account No. _____

Name: _____

Registered Address: _____

_____ Code _____

Business Telephone No. _____ Cell. No. _____

E-mail Address. _____

Average Monthly Purchases. _____

Period Account Held Account No. _____

Name: _____

Registered Address: _____

_____ Code _____

Business Telephone No. _____ Cell. No. _____

E-mail Address. _____

Average Monthly Purchases. _____

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: _____

Business Telephone: _____ Cell No. _____

Name: _____

Registered Address: _____

Business Telephone: _____ Cell No. _____

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

4.2 OCCUPATIONAL HEALTH & SAFETY REQUIREMENTS

4.2.1 Acquaint yourself with the requirements of Occupational Health & Safety Act 85 of 1993.

4.2.2 Have a copy of the Occupational Health & Safety Act 85 of 1993.

4.2.3 Do Undertake to comply fully with the Occupational Health & Safety Act 85 of 1993.

4.2.4 Appoint a 16.2 Assignee responsible for compliance with the Occupational Health & Safety Act 85 of 1993.

4.2.5 Train and appoint in writing a Health and Safety Representatives as per the OSH Act requirements.

4.2.6 Appoint in writing a Health and Safety chairperson.

4.2.7 Elect and appoint a Health and Safety committee as per the OSH Act requirements.

4.2.8 The appointed Health and Safety representatives are to conduct monthly Health and Safety inspections using inspection checklists.

4.2.9 Train and appoint first aiders.



4.3 LOCAL AUTHORITIES' REQUIREMENTS

- 4.3.1 Ensure that all firefighting equipment and emergency exits are maintained free of any obstructions and are always readily accessible.
- 4.3.2 Ensure that all fire extinguishers are wall mounted in conspicuous places and are clearly signposted.
- 4.3.3 Ensure that all fire extinguishers are serviced annually in accordance with SANS (SABS) specifications.
- 4.3.4 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.
- 4.3.5 Ensure that fire team members are trained and appointed in writing.
- 4.3.6 Ensure that formal fire procedure notices detailing what actions to be taken in case of emergency are displayed in all areas including the security gatehouse.
- 4.3.7 Will you ensure that after hours emergency contact names and telephone numbers are available to the security personnel.

4.4 SECURITY CONSIDERATIONS

- 4.4.1 Ensure all security personnel employed by you are registered with the PSIRA (Private Security Industry Regulatory Authority)
- 4.4.2 Ensure all security personnel employed by you are provided with written procedures.
- 4.4.3 Ensure all security personnel are provided with an alternative means of summoning outside assistance in case of an emergency after hours i.e. a portable panic button.

4.5 NATIONAL BUILDING REGULATIONS (SANS 10400)

- 4.5.1 Familiarise yourself with the requirements of SANS 10400 (SABS 0400) National Building Regulations.
- 4.5.2 Comply with the requirements of SANS 10400 (SABS 0400) National Building Regulations.

5. DECLARATION

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 further agree to abide by the provisions as set out in all the Acts and requirements referenced.

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. Witness' name: _____

Signature: _____

Witness' address:

2. Signature: _____

Witness' name: _____

Witness' address:

6. REQUIRED SUPPORTING DOCUMENTATION CHECKLIST

Required Supporting Documentation:	Office Use (tick if present)
Copy of Identity Document of Applicant or its authorized representative	
Proof of Residence (e.g., Rates Account or Water / Electricity Invoice)	
Copy of Company or Close Corporation Registration Certificate (if applicable)	
Signed Resolution Meeting Minutes and/or Power of Attorney (if applicable)	

7. FOR OFFICE USE ONLY

Is the Property: - Internal - External - Residential (Tick applicable)

Registered description of the property to be leased:

Asset numbers: - Land

 - Buildings

SAP numbers: - Land

 - Buildings

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Extent and rental rates
of leased Property: Building/s under roof: m² (approximately) @ R per m²
Land m² (approximately) @ R per m²
Parking bays bay's @ R per bay

Rental per Month (Excl. VAT) R Escalation Rate per Annum %

Deposit (Incl. VAT) R

Lease Period From To

Monthly Rates & Taxes Inclusive of Monthly Rental Exclusive of Monthly Rental

Water & Electricity Consumption Direct consumption As billed by Lessor

Lease Preparation Fee R Stamp Duty R

Special Conditions:

Risks relating to Applicant's intended Business on required Premises: (e.g. Financial, Health, Safety, Environmental, Reputational, etc.)

Findings during examination of Applicant's existing premises to assess extent of risk management:

Comments on Applicant's willingness to comply with risk related requirements:

DECLARATION

I hereby declare that all the information supplied by me under item 7 above is complete and correct.

Property Marketer's Name: _____

Signature: _____ **Date:** _____

(TO BE COMPLETED BY FINANCIAL MANAGER)

Comments on Applicant's Credit Worthiness:

Name of the Financial Manager: _____

Signature: _____ **Date:** _____

LEASE APPLICATION APPROVED/REJECTED

Name of the Portfolio Manager: _____

Signature: _____ **Date:** _____