



INQB8 PROPERTY RENTALS

PORTFOLIO MANAGEMENT (PTY) LTD

Ground Floor, Regent House, Farm 2, The Vineyard Office Estate, 99 Jip de Jager Drive, Bellville 7530

T: 021 914 9877 E: clients@inqb8.biz

FFC number: F150111

ENVISAGE NURTURE PROSPER

RENTAL APPLICATION FORM

| | |
|-----------------------------------|--|
| UNIT/ERF No. & COMPLEX NAME | |
| OCCUPATION DATE | |
| RENTAL AMOUNT | |
| (CANDIDATE) PROPERTY PRACTITIONER | |
| CONTRACT PERIOD | |

COMPANY INFORMATION

| | | | |
|---------------------------|--|---------------------|--|
| COMPANY NAME | | REGISTRATION NUMBER | |
| REGISTERED OFFICE ADDRESS | | | |
| POSTAL ADDRESS | | | |
| CONTACT PERSON | | MOBILE NUMBER | |
| E-MAIL | | TELEPHONE NUMBER | |
| TAX NUMBER | | | |

BANK ACCOUNT DETAILS:

| | | | |
|----------------|--------|--------------|-------|
| ACCOUNT NAME | | NAME OF BANK | |
| BRANCH CODE | | BRANCH NAME | |
| ACCOUNT NUMBER | | | |
| ACCOUNT TYPE | CHEQUE | SAVINGS | OTHER |

REQUIRED DOCUMENTATION (*CERTIFIED/STAMPED COPIES TO BE ATTACHED TO THIS APPLICATION FORM)

| | | | |
|---|--------------------------|--------------------------------|--------------------------|
| CoR 14.3 - REGISTRATION CERTIFICATE (OLD CM1) | <input type="checkbox"/> | RESOLUTION IRO LEASE AGREEMENT | <input type="checkbox"/> |
| CoR 21.1 NOTICE OF CHANGE OF REGISTERED OFFICE (OLD CM22) | <input type="checkbox"/> | PROOF OF COMPANY ADDRESS | <input type="checkbox"/> |
| NOTICE OF CHANGE OF DIRECTORS (OLD CM29) | <input type="checkbox"/> | ID DOCUMENT OF EACH DIRECTOR | <input type="checkbox"/> |
| LATEST COMPANY FINANCIAL STATEMENTS | <input type="checkbox"/> | PROOF OF ADDRESS EACH DIRECTOR | <input type="checkbox"/> |
| BANK STATEMENTS (X6 MONTHS) | <input type="checkbox"/> | VERIFIED SARS TAX NUMBER | <input type="checkbox"/> |

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DETAILS OF FIRST PERSON TO OCCUPY THE PREMISES ("FIRST OCCUPANT")**PERSONAL INFORMATION:**

| | | | |
|-----------------------------------|--|------------------------------|---|
| SURNAME | | FULL NAMES | |
| IDENTITY NUMBER / PASSPORT NUMBER | | NATIONALITY | |
| MARITAL STATUS | | | |
| IF MARRIED | <input type="checkbox"/> COMMUNITY OF PROPERTY | <input type="checkbox"/> ANC | <input type="checkbox"/> ACCRUAL SYSTEM |
| TELEPHONE NUMBER (WORK) | | MOBILE NUMBER | |
| E-MAIL | | MOTOR VEHICLE | YES NO |
| PHYSICAL ADDRESS | | | |

NEXT OF KIN:

| | | | |
|--------------|--|----------------|--|
| NAME | | CONTACT NUMBER | |
| RELATIONSHIP | | | |

DETAILS OF EMPLOYMENT:

| | | | |
|-----------------------------|-----------|-----------------------|---------------|
| EMPLOYERS NAME/COMPANY NAME | | | |
| EMPLOYER ADDRESS | | | |
| OCCUPATION | | EMPLOYMENT START DATE | |
| TYPE | PERMANENT | CONTRACT | SELF-EMPLOYED |
| TELEPHONE NUMBER | | E-MAIL | |

CURRENT OCCUPATION:

| | | |
|---|----------------|--------------------------------|
| ARE YOU THE OWNER OF THE PROPERTY WHERE YOU CURRENTLY RESIDE? | YES | NO |
| IF NO, PLEASE COMPLETE: | | |
| RENTAL PAID | LEASE PERIOD | ___/___/20___ TO ___/___/20___ |
| PROPERTY PRACTITIONER / LANDLORD | CONTACT NUMBER | |
| REASON FOR TERMINATION | | |



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DETAILS OF SECOND PERSON TO OCCUPY THE PREMISES ("SECOND OCCUPANT")

PERSONAL INFORMATION:

| | | | |
|-----------------------------------|--|------------------------------|---|
| SURNAME | | FULL NAMES | |
| IDENTITY NUMBER / PASSPORT NUMBER | | NATIONALITY | |
| MARITAL STATUS | | | |
| IF MARRIED | <input type="checkbox"/> COMMUNITY OF PROPERTY | <input type="checkbox"/> ANC | <input type="checkbox"/> ACCRUAL SYSTEM |
| TELEPHONE NUMBER (WORK) | | MOBILE NUMBER | |
| E-MAIL | | MOTOR VEHICLE | YES NO |
| PHYSICAL ADDRESS | | | |

NEXT OF KIN:

| | | | |
|--------------|--|----------------|--|
| NAME | | CONTACT NUMBER | |
| RELATIONSHIP | | | |

DETAILS OF EMPLOYMENT:

| | | | |
|-----------------------------|-----------|-----------------------|---------------|
| EMPLOYERS NAME/COMPANY NAME | | | |
| EMPLOYER ADDRESS | | | |
| OCCUPATION | | EMPLOYMENT START DATE | |
| TYPE | PERMANENT | CONTRACT | SELF-EMPLOYED |
| TELEPHONE NUMBER | | E-MAIL | |

CURRENT LANDLORD/RESIDENTIAL INFORMATION & REFERENCE:

| | | | |
|---|-----|----------------|--------------------------------|
| ARE YOU THE OWNER OF THE PROPERTY WHERE YOU CURRENTLY RESIDE? | YES | NO | |
| IF NO, PLEASE COMPLETE: | | | |
| RENTAL PAID | | LEASE PERIOD | ___/___/20___ TO ___/___/20___ |
| PROPERTY PRACTITIONER / LANDLORD | | CONTACT NUMBER | |
| REASON FOR TERMINATION | | | |

