



APPLICATION FOR TENANCY - COMMERCIAL

DETAILS OF BUSINESS

Type of Business:(i.e. company, close corporation, partnership etc)
Full name of Business
Trade Name of Business (if applicable):
Registration Number:
VAT Number:
Type of Business Operation:
Existing Business Address:
Existing Business Telephone Number:
Business Fax Number:
(Please attach copy of latest company letterhead)
Domicillium Address :

DETAILS OF DIRECTORS/PARTNERS

Full Name:
Date of Birth: Identity Number:
Residential Address:
Telephone Number: Residential
Telephone Number: Cellular
Email address:
Car Registration Number:
Have you ever been (a) insolvent or under judicial management? (b) compounded with
your creditors? (c) assigned your estate. Please give full details, including name of Trustee:
.....
.....

Full Name:
Date of Birth: Identity Number:
Residential Address:
Telephone Number: Residential
Telephone Number: Cellular
Car Registration Number:
Have you ever been (a) insolvent or under judicial management? (b) compounded with
your creditors? (c) assigned your estate. Please give full details, including name of Trustee:
.....
.....

Full Name:
Date of Birth: Identity Number:
Residential Address:
Telephone Number: Residential
Telephone Number: Cellular
Car Registration Number:
Have you ever been (a) insolvent or under judicial management? (b) compounded with
your creditors? (c) assigned your estate. Please give full details, including name of Trustee:
.....
.....

DETAILS OF EXISTING LANDLORD

Name of Landlord: Telephone Number :
Period of Occupation:

4TH FLOOR, LINCOLN ON THE LAKE, 2 THE HIGH STREET, PARKSIDE,
UMHLANGA RIDGE, KWAZULU-NATAL, 4319, SOUTH AFRICA
TEL: +27 (0)31 584 5100 FAX: +27 (0)31 584 5110
PO BOX 1330, UMHLANGA ROCKS, KWAZULU-NATAL, 4320, SOUTH AFRICA
DOCEX: 130 DURBAN EMAIL: info@growthpoint.co.za



BANK DETAILS (NO SAVINGS OR TRANSMISSION ACCOUNTS)

Name of Account Holder:
Name of Bank including branch and area
Account No Telephone No.

DETAILS OF OCCUPANCY

Intended Use of Premises:
Building : Code:
Proposed Date of Occupation
Period of Lease:
Floor: Premises Number:
Area of Premises:.....m²

ACCOUNT ENQUIRIES

Contact Person:
Telephone Number:
Fax Number:

Address to which Rental Statements/Correspondence should be posted:

.....
.....
.....
..... (Postal Code)

DETAILS OF SURETY

Full name of surety:
Identity number: Date of Birth:
Physical address:
(Please attach copy of identity document)
If surety is married in Community of Property, please provide the following details:
Full name of spouse:
Date of birth of spouse: Identity Number of Spouse:
(Please attach copy of identity document of spouse)
If more than one surety - please attach additional sureties details hereto.

DECLARATION

I/WE HEREBY DECLARE THAT THE ABOVE INFORMATION GIVEN BY ME/US IS TRUE AND CORRECT IN EVERY RESPECT.

SIGNATURE: DATE:

THIS DOCUMENT IS AN APPLICATION FOR TENANCY AND NOT A FORMAL OFFER TO LEASE. A FORMAL OFFER TO LEASE WILL BE MADE TO THE APPLICANT AT THE SOLE DISCRETION OF THE LANDLORD AND NO AGREEMENT TO LEASE SHALL COME INTO EFFECT BEFORE SUCH FORMAL WRITTEN OFFER TO LEASE HAS BEEN SIGNED BY BOTH PARTIES. FURTHERMORE, THE LANDLORD SHALL NOT BE BOUND TO GIVE ANY REASON SHOULD THE APPLICATION FOR TENANCY BE REFUSED.

FOR OFFICE USE ONLY

DETERMINATION OF MUNICIPAL CHARGES AND PERCENTAGES

DETAILS OF APPLICATION

Name of Tenant: _____
Name of Building: _____
Cost Centre/Co No: _____
Premises Number: _____

CALCULATION OF TENANT'S PERCENTAGE AREA

Total Area of Building: _____m².
Total Area of Tenant's Premises: _____m².
Tenant's Percentage Area: _____%

DETERMINATION OF MUNICIPAL CHARGES

TYPE OF MUNICIPAL CHARGE	TOTAL BUILDING CHARGE	% SHARE	MONTHLY CHARGE	DATE OF ANNUAL INCREASE
ASSESSMENT RATES				
REFUSE REMOVAL				
EFFLUENT				
BASIC WATER				
BASIC ELECTRICITY				

ELECTRICITY AND WATER READINGS

BASIS:

Building Manager Reading Yes/No
Percentage of Account Yes/No
Meter Reading Company Yes/No

Name of Meter Reading Company: _____
Date advised of Tenancy: _____