



**CUSTOMER INFORMATION**

**PART 1: Business Details**

Full Company Name:

Legal Status and Company/CC Registration Number:   
*(Please tick)*

Private Company:  | Public Company:  | CC:  | Partnership:  | Sole Proprietor:

VAT Reg Number:

Contact person:

Type of Business:

Business Address:

Registered Address:

Postal Address:

Office Number:  Fax Number:

Email Address:

Reason for Access:

**PART 2: Directors** *(Please supply all the directors details, use a separate page if necessary)*

Full Names and Surname	ID Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**PART 3: References** *(Please supply at least three trade references)*

Trade Reference Name	Contact Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Name of Attorney:

Name of Auditor:

**HEAD OFFICE:**

**PERSONALISED SYSTEMS & SERVICES (PTY) LTD**

**REGISTRATION NUMBER**  
2002/022684/07

08 Boabab Nook  
Zwartkop X4  
Centurion  
South Africa

P.O BOX 9055,  
Centurion, 0046

**CONTACT NUMBERS**  
TEL: 086 100 7727  
TEL: +27 (12) 663 5662  
FAX: +27 (12) 663 5667

**WEBSITE**  
[www.psas.co.za](http://www.psas.co.za)

**EMAIL**  
smartfin@psas.co.za

**DIRECTORS**  
Fred Steffers  
Johann Grobler

**PS&S BANKING DETAILS**  
FNB Centurion  
Acc Nr: 51080344570  
Branch Code: 261550  
Acc Holder: PS&S  
Acc Type: Current

**Banking Details**

Account Holder:

Bank Name:

Branch Name:

Account No.:

Account Type:

Please tick the relevant box for service required.

**Smartfin**

**Smartcollect**

**Smart Airtime**

**Smart Check**

**Terms and Conditions**

1. I/We confirm that the above information is true, correct and complete.
2. I/We herewith grant my/our approval that PS&S may fully investigate any source regarding this agreement.
3. I/We further grant my/our approval to such a source to provide PS&S with confidential information.
4. I/We acknowledge that any credit facility that may be granted, may be withdrawn at any time and without any reason.
5. I/We acknowledge and accept the terms of credit as being 30 days from date of invoice and that PS&S shall be entitled, without further notice, to levy interest at current prime bank overdraft rates, plus 3 % on any outstanding amounts.
6. All telephonic and E-mail support is FREE of charge.
7. PS&S is/will be entitled to request a deposit or a guarantee as security. This deposit will only be refunded in full once the account has been closed and all outstanding accounts have been settled in full.
8. I/We herewith acknowledge that I/We am/are fully authorized to sign the application on behalf of the applicant.

**SIGNED: \_\_\_\_\_ CAPACITY: \_\_\_\_\_ DATE: \_\_\_\_\_**

**ALL THE DOCUMENTATION BELOW IS REQUIRED WITH THE APPLICATION PLEASE;**

- 1) COMPLETED CUSTOMER INFO FORM.
- 2) COPY OF DIRECTORS / MEMBERS ETC ~ I.D. DOCUMENTS.
- 3) COPY OF CANCELLED LETTER HEAD.
- 4) COPY OF LATEST CK FORMS or CM2C Form for (PTY) LTD's.
- 5) LETTER OF BANK CONFIRMING BANKING DETAILS

