



Registration Number R7/68494
(hereinafter referred to as “the Creditor”)

Portion 68 of Farm 9, Pebbles Block, Moneni, Manzini
T: +268 79547877 | E: info@simpsonpharma.com

CREDIT APPLICATION FORM

Kindly complete the application in full, sign pages 7
and 8 and forward together with supporting
documents referred to on page 8.

Email: accounts@simpsonpharma.com

1. Registered name of business:
2. Trading Name:
3. Registration Number:
4. Physical Address:
5. Postal Address:
6. Nature of Business:
7. Details of Partners/Directors of Company (Full names and physical address):
 - A) Full Names.....

ID Number.....

% Shareholding.....

Physical Address.....

Contact Details.....
 - B) Full Names.....

ID Number.....

% Shareholding.....

Physical Address.....

Contact Details.....



- C)** Full Names.....
 ID Number.....
 % Shareholding.....
 Physical Address.....
 Contact Details.....

8. Business Contact Details:

Telephone No..... Fax No.....
 Mobile/Cellular No.....
 E-Mail.....

9. Names of Contact Persons authorized to act on behalf of the Customer for:

Orders..... Mobile No
 Accounts..... Mobile No

10. VAT/TIN Number.....

11. Banking Details:

Account Name.....
 Account Type.....
 Account Number.....
 Name of the Bank.....
 Branch Code..... Branch Name.....

12. Trade References:

Name of Company	Account Number	Contact Person	Telephone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

13. Latest Financial Statements submitted for the Year ended if applicable.....

14. Credit Limit Applied for: E.....



15. Estimated annual value of purchases: E.....

16. Have Book Debts been ceded? If yes, to whom?

I/We have read and understood the terms and conditions hereof which will be binding upon the Customer.

Signed at _____ on this the _____ day of _____ 20_____

Name of Authorized Signatory (please print)

Signature

Witnesses

1. _____ 2. _____ Full
Names and Signature Full Names and Signature

FOR OFFICE USE (All alterations must be initiated by management)

Application Submitted by:

Date:

Outcome of Application.....

CREDITLIMIT.....*BANKCODE:*.....

Signature of Manager.....

Date.....

Signature Of Managing Director.....

Date.....

Remakes Of Management.....

☐ YES

☐ NO

AMOUNT APPROVED:

Account Opened0 By.....

Date.....

Account Number.....

Rout Number.....

Sales Agent.....

CHECKLIST

COPIES OF THE FOLLOWING:

1. Certificate of Incorporation
2. Trading license (valid)
3. Pharmacist Practice license (valid)
4. Pharmacist registration certificate
5. Directors' copies of identity card (attested/ initials on every page)
6. Certificate of VAT registration (optional)
7. Form C & J (optional)

Please put Directors signatures on every page of this customer application form and sign all the mentioned above documents.

Please note:

- The application must be signed by all the directors/members/partners/sole proprietor/trustee.
- All applications by companies, close corporations and trusts must be supported by identity documents from all the directors/members/trustees and a copy of the certificate of incorporation/founding statement, trust deed and letters of authority of the company/CC/trust. Copy of dispensing license / VAT registration certificate.
- All applications by sole proprietors and partnerships must be supported by identity documents from the Proprietor/Partners.