

FAX TO: _____

FAX NO.: _____



29 King Edward Str.
Newton Park
PORT ELIZABETH
6045

P.O. BOX 7116
Newton Park
PORT
ELIZABETH
6055

TEL. 041 3650074
FAX. 041 3650380

APPLICATION FORM: FOR INTENTION TO ENTER INTO A LEASE AGREEMENT

PROPERTY APPLIED FOR ADDRESS:	
FULL NAME OF FIRST APPLICANT	
MARITAL STATUS & (in C.O.P/ ANC/ACCRUEL)	
ID NUMBER (please attach copy)	
CONTACT TEL. NO'S	
EMAIL ADDRESS.	
PRESENT ADDRESS (RESIDENTIAL)	
PERIOD STAYED AT ADDRESS (Please incl. prev. address if present address is less than 6 months)	
PRESENT LANDLORD/AGENT (if applicable)	Name: _____ Tel No: _____
PRESENT EMPLOYER	
EMPLOYER'S TEL. NO.	
OCCUPATION/TITLE	
PERIOD OF EMPLOYMENT	
MONTHLY SALARY / DRAWINGS	
MONTHLY NETT INCOME (Salary Paid into your Bank account, less Monthly Expenses)	Expenses: R _____ Nett(Left): R _____
VEHICLE MAKE, MODEL & REG. NO.	
IS VEHICLE ON LEASE/HP – WITH WHOM?	
NEAREST RELATIVE IN SA	
STATE RELATIONSHIP	
CONTACT TEL. NO.	
HAVE YOU EVER HAD ANY JUDGEMENTS OR DEFAULTS GRANTED AGAINST YOU?	Yes / No (If Yes, Please give details): _____
REFERENCE – BANK & ACCOUNT NUMBER	
REFERENCE – TRADE/BUSINESS	1) _____
ACCOUNTS	2) _____
FULL NAME OF SECOND APPLICANT/PARTNER	
MARITAL STATUS & (in C.O.P/ ANC/ACCRUEL)	
ID NUMBER (please attach copy)	
CONTACT TEL. NO'S	(H) _____ (W) _____ (C) _____
EMAIL ADDRESS.	
PRESENT ADDRESS (RESIDENTIAL)	
PERIOD STAYED AT ADDRESS (Please incl. prev. address if present address is less than 6 months)	
PRESENT LANDLORD/AGENT (if applicable)	Name: _____ Tel No: _____
PRESENT EMPLOYER	
OCCUPATION/TITLE	
PERIOD OF EMPLOYMENT	
MONTHLY SALARY / DRAWINGS	
MONTHLY NETT INCOME (Salary Paid into your Bank account, less Monthly Expenses)	Expenses:R _____ Nett(Left):R _____
VEHICLE MAKE, MODEL & REG. NO.	

Bank: First National Bank
Account number: 62045250800
Branch code: 261050
Account name: GMBI Property Management Services

13. By signing this Application form I acknowledge liability for all costs as per Paragraph 1 should I withdraw from this Agreement together with all Attorney/Client charges should the Landlord have to institute Legal proceedings against me.

NB: Please return application form with a copy of ID document, a copy of proof of income/payslip. Please allow for a maximum of 2(Two) working days from the date your application is received by our office, to be notified that your application is either successful or unsuccessful.

Upon acceptance by the Landlord and the presenting of an Agreement of Lease, I/we agree to pay the following:

	EMPLOYED APPLICANT	SELF EMPLOYED APPLICANT / COMPANY
Deposit:	R _____	R _____
Key deposit:	R _____	R _____
Refuse charge:	R _____	R _____
Lease fee:	R _____	R _____
Pro-rata rent:	R _____	R _____
1st Month's rent:	R _____	R _____
Total:	R _____	R _____

Signed by the Applicant at _____ on this the _____ day of _____ 20__

 FIRST APPLICANT

Signed by the Second Applicant at _____ on this the _____ day of _____ 20__

 SECOND APPLICANT

(SIGNATURES REQUIRED OF BOTH HUSBAND & WIFE, OR PERSONS SHARING)