

Attention: THE FINANCIAL MANAGER  
RE: Application to register as subcontractor

We request your co-operation by the proper completion and signature of the attached application form, in order for us to register you as a subcontractor

Herewith a checklist of the documentation required:

- Completed and signed Schedules I to IV
- A copy of the certificate of registration/incorporation/letter of authority/trust deed, including list of all active members/partners/directors/trustees/owners of the business
- Copies of identity documents of all members/partners/directors/trustees/owners of the business
- If the business forms part of a group of companies, an outlay of the group structure
- Proof of physical address of the business (such as a municipal account or lease agreement)
- A copy of the VAT registration certificate
- BBBEE certificate of proof of exemption
- A copy of a cancelled cheque or a certified bank letter confirming the business bank account
- A copy of the current active GIT -policy schedule with the registration numbers. Not older than one calendar month.
- A copy of the current active Contingency -policy schedule.

Please fax the above documentation to 086 274 4664 or e-mail to [admin@topcrop.org](mailto:admin@topcrop.org)

We wish to highlight that, notwithstanding receipt by us of the duly signed and completed documents listed above, we have no obligation to appoint you as a subcontractor.

Your cooperation in this regard is appreciated

Kind regards

The Financial Manager



Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Capacity: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY			
Approved by:	Signature:	Approval Date:	Creditor ID assigned

SCHEDULE IV  
RESOLUTION

(\*Delete parts not applicable and confirm with signature)

FROM THE MINUTES OF A MEETING HELD BETWEEN THE \*DIRECTORS/MEMBERS/PARTNERS/TRUSTEES

OF \_\_\_\_\_ ("the carrier ")

(Registration Number: \_\_\_\_\_)

Held at \_\_\_\_\_ on this day \_\_\_\_\_ of \_\_\_\_\_ in the year \_\_\_\_\_

Present:

Name	Identity Number	Capacity
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

It is hereby resolved that any of

Name	Identity Number	Capacity
1. _____	_____	_____
2. _____	_____	_____

Is authorised on behalf of the Carrier, to, from time to time:

- a) Negotiate and settle on behalf of the carrier the final terms of any agreements and documents with Top Crop Carriers (Pty) LTD:
- b) Execute the aforementioned agreements and all documents contemplated therein and all ancillary documents;
- c) Issue and/or provide al certificates, statements, information, confirmations and acknowledgements pursuant thereto:
- d) Do all things necessary and sign all documents to give effect to the resolutions contained herein, on behalf of the Carrier and to sign and/or despatch all documents and to perform whatever act might be required under the aforesaid agreements and documents to which it is a party:
- e) Sign any agreement, application, surety ship or documents regarding any business whatsoever with or in relation to Top Crop Carriers (Pty) LTD.
- f) Such business shall, without prejudice to the generality thereof, include any application for credit, the purchase and sale of goods, and the provision of security or a surety ship for any third party or associated Carrier for any obligations or liabilities that may exist or may arise from time to time.
- g) In relation to such security or surety ship, the signatories warrant that insofar as may be necessary, the provisions of S.226 of the Companies Act, 1973 (or such corresponding as replaces it) have been complied with.

DECLARATION

We, the undersigned in our capacities as \*directors/members/trustees of the Carrier, hereby certify that the above resolution is a true extract from a meeting held by the board of \*directors/members/trustees of the Carrier. We also certify that the specimen signature/s hereunder, belonging the person/s authorised by the above resolution of the Carrier, is the true and genuine signature/s of the said individual/s.

Name	Specimen signature
1. _____	_____
2. _____	_____

SIGNATURES OF ALL \*DIRECTORS/MEMBERS/PARTNERS/TRUSTEES

Name	Signature
1. _____	_____
2. _____	_____
3. _____	_____

SCHEDULE III

CONFIRMATION, ACKNOWLEDGEMENT, WARRANTY, CONSENT AND AGREEMENT

I, the undersigned, \_\_\_\_\_

And duly authorised, herein representing \_\_\_\_\_ ("the Carrier")

(Registration No. \_\_\_\_\_)

Hereby:

1. Acknowledge that the information provided in this application will be relied upon by Top Crop Carriers (Pty) LTD to determine whether or not to open an account for the Carrier and that each item of such information is a material term of any present or future contractual relationship/s with Top Crop Carriers (Pty) LTD.
2. Confirm that every item of information given is material to the aforesaid purpose and I warrant that all answers are true, correct and complete;
3. Hereby consent thereto that, and authorise Top Crop Carriers (Pty) LTD and its designated agents and representatives to, at all times;
  - a) Perform credit-worthiness checks (bank code, ITC enquiry, trade reference checks, etc.) on the Carrier as and when deemed necessary by Top Crop (Pty) LTD, including contacting, requesting and obtaining information from any credit provider (or potential credit provider) or registered credit bureau relevant to an assessment of the behaviour, profile, payment patterns, indebtedness, whereabouts, and operational performance of the Carrier.
  - b) Furnish information concerning the behaviour, profile, payment patterns, indebtedness, whereabouts, and operational performance of the Carrier to any registered credit bureau or to any customer (or potential customer) seeking a reference regarding the Carrier's dealing with the Top Crop Carriers (Pty) LTD.
  - c) Contact, request and obtain information from the carrier's insurance brokers/s pertaining to the Goods In Transit and/or commercial heavy vehicle policy/policies of the Carrier. Instruction is hereby given to the Insurance broker/s of the Carrier to furnish any and all such information forthwith on demand by Top Crop Carriers (Pty) LTD.
4. Agree that all contracts, transactions or agreements entered into between the Carrier and Top Crop Carriers (Pty) LTD will be subjects to Top Crop Carriers terms and conditions applicable on the date of such contract, transaction or agreement.
5. Confirm that I am duly authorised to sign this application for an account on behalf of the Carrier.

Signed at \_\_\_\_\_ on this day \_\_\_\_\_ of the month \_\_\_\_\_ in the year \_\_\_\_\_

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Name

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Capacity/Designation

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Signature

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Witness 1

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Witness 2