



ARIVA LTEE
 Labourdonnais Court, St Georges Street, Port Louis
 Tel: (230) 206 3600 Fax: (230) 206 3636
 Email: ariva@ariva-logistics.com

CREDIT APPLICATION OR EXTENSION OF CREDIT FACILITIES

TO ARIVA LTEE

I/We hereby apply for credit facilities with ARIVA LTEE.

The following application is submitted as a basis for your consideration of **my/our** application.

1. NAME OF APPLICANT:

2. EXISTING CREDIT CLIENT: YES NO

3. TYPE OF BUSINESS:

ADDRESS:

4. TELEPHONE No:

FAX No: **E-MAIL:**

5. COMPANY **SOLETRADERS**

INDIVIDUAL **PARTNERSHIP**

COMPANY REG. NO: **VAT REG. NO:**

REGISTERED COMPANY ADDRESS:

6. DIRECTORS(S):

7. NAME OF BANKER(S): 1..... 2.....

ADDRESS: 1. 2.

ACCOUNT NAME: 1..... 2.....

ACCOUNT NO.: 1. 2.....

AUTHORISED SIGNATORIES (1) **2.**

8. CONTACT PERSON:..... **POSITION:**

9. I/WE APPLY FOR A MONTHLY CREDIT FACILITY OF: RS

DATE:

PLEASE APPLY STAMP/SEAL OF CONCERN

SIGNATURE:

NAME:

POSITION:

NOTE: PLEASE ATTACH YOUR LATEST AUDITED ACCOUNTS WHILE SUBMITTING THE CREDIT APPLICATION FORM.