Orbi Serve

CREDIT APPLICATION FORM

CREDIT APPLICATION OF THE APPLICANT

For credit facilitated by

ORBI SERVE (PTY) LTD

We, (fill in the name of THE APPLICANT) ____

(Hereinafter referred to as "THE APPLICANT") hereby make an application for credit facilities **facilitated by Orbi Serve (Pty) Ltd,** registration number **2016/270962/07** (hereinafter referred to as "**ORBI SERVE**"). In support of this application, the following information is furnished:

1.1 Legal entity type (please tick)

Partnership		Close Corporation		Trust		Private Company		Public Company	

2.1 Registered name of "THE APPLICANT" ____

2.2 Trading name ____

2.3 Registration number ____

2.4 If a Company name(s) of shareholder(s) ____

2.4 VAT Number ____

3.1 Postal Address of THE APPLICANT ____

____Code ______________________

3.2 Physical Address of THE APPLICANT

____

____

3.3 Contact Number ____

3.4 Email address ____

Please initial here ________________

4.1 Date business commenced trading | D | D | | M | M | | Y | Y | Y | Y |

5.1 Banker ______________________________

5.2 Branch ______________________________

5.3 Account Number ______________________________

5.4 Account Holder Name ______________________________

5.5 Branch Code ______________________________

5.6 Type of account ______________________________

5.7 Date account opened ______________________________

5.8 Name of Auditors / Accounting Officer ______________________________ Tel Number ____________________

5.9 Date of last audited or independently compiled or reviewed financial statements ____________________.

(please attach all documents to the application form.)

6. Details of principals (Partners /Members /Directors /Trustees) - SA CITIZENS & FOREIGN NATIONALS

Full Name	**Capacity**	**ID Number *(SA Citizens only)***	**Residential Address**	**Residential Phone**
Full Name	**Capacity**	**Passport Number & Date of Birth *(Foreign Nationals Only)***	**Residential Address**	**Residential Phone**

7. Trade References

Please select three (3) of your suppliers and attach their statements for the most recent 3 months.

Please initial here ____________

8. Amount of credit applied for

The total amount of credit being applied for is as per the table below. ORBI SERVE will add to this amount the 2% facilitation fee of ORBI SERVE (incl. VAT) and the cost of credit which will amount to the total credit applied for and which will be included in a credit quote that will be submitted to THE APPLICANT for acceptance.

Selected credit term (days) 120 150 180 210 240 270

- The end date of the selected credit term is the last date on which all invoices that are paid from the approved credit facility must be repaid.

Details of credit required and the suppliers of the inputs

Type of input	**Amount of credit (VAT inclusive)**	**Name of supplier**	**Name of contact person**	**Number of contact person**
Crop insurance	**R**			
Seed	**R**			
Chemicals	**R**			
Fertilizer	**R**			
Diesel	**R**			
Total amount of credit being applied for	**R**			

9. In terms of Section 4 (1) (a) (i) of the National Credit Act and Section 5 (2) (b) of the Consumer Protection Act please state:

9.1 Does THE APPLICANT's **ASSET VALUE** exceed R 2.5 million? YES NO

9.2 Does THE APPLICANT's **ANNUAL TURNOVER** exceed R 2.5 million? YES NO

10. In terms of the Companies Act 71, of 2008 please state:

10.1 Is THE APPLICANT currently under Business Rescue? YES NO

10.2 Does THE APPLICANT intend to apply for Business Rescue within the next three months? YES NO

Please initial here ________________

11. Details of own fixed property on which crops will be produced:

Farm name	Title deed number	Current market value in Rand	Outstanding mortgage loans (Rand)	Bondholder and bond registration number

12. Details of leased land on which crops are to be produced:

Name of property	Title deed number	Name of owner and contact number and/or email address of owner. If there is a bond registered over the property, the name of the bondholder and the bond registration number is also required

13. Grain marketing

Details of grain trader(s) or off-taker(s) where crops are marketed or have been sold to (Cession of crop to be registered at these grain traders or off-taker(s):

13.1 Name of institution __________________ Contact person ____________________ Contact number ___________________

13.2 Name of institution __________________ Contact person ____________________ Contact number ___________________

14 Litigation

Is THE APPLICANT or any of its related parties (Eg. subsidiary) or principals (Eg. Shareholders/Members/Trustees) currently involved in any litigation?

	YES			NO	

If Yes, please provide full details ____

____

Please initial here __________________

15. Documentation

Copies of the following documentation MUST accompany this credit application:

15.1 A resolution of THE APPLICANT authorising the lodging of this credit application and authorising the signatory to so sign the credit application and all further related documents on behalf of THE APPLICANT (See attached example which may be used for this purpose);

15.2 Audited annual financial statements (or independently compiled financial statements if the PI score is less than 350 points) not older than 12 months;

15.3 If the date of application is more than 6 months after the date of the previous year-end, the most recent signed management accounts;

15.4 Cashflow forecast for the following 12 months covering the period from planting to harvest of the planned crop;

15.5 Statements for the last 3 months from three (3) trade references (Refer to clauses 7 and 8);

15.6 Bank statements for the most recent 3 months;

15.7 VAT registration certificate; and

15.8 The FICA documentation referred to in the table below which must not, where applicable, be older than 3 months:

Partnership	**Close Corporation**	**Company**	**Trust**
Name	Registered name, registration number and details of member(s) (CK1 and/or CK2)	Registered name and registration number, details of director(s) (CoR 39 or CoR 14.3)	Latest letter of authority issued by the Master
Partnership Agreement	n/a	n/a	Trust Deed
Utility bill validating business address	Utility bill validating business address	Utility bill validating business address	Utility bill validating business address
For each Partner: Utility bill validating residential address and ID document	For each member: Utility bill validating residential address and ID document	For each Director: Utility bill validating residential address and ID document	For each Trustee: Utility bill validating residential address and ID document

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16. Further procedure and documentation:

THE APPLICANT acknowledges that should the credit being applied for be approved, the following further procedures shall apply, and THE APPLICANT shall be required to cooperate and sign the documents listed hereinafter, where required:

16.1 THE APPLICANT and its farming operations will be subjected to a preliminary assessment as well as a post-emergence assessment from 45 days after plant, and a crop estimate from 125 days after plant by a service provider appointed by ORBI SERVE or in certain instances a crop insurance company. The information required to perform the preliminary assessment is attached hereto as Annexure A.

16.2 The application for such credit shall be assessed by Debtsource and a credit insurer appointed from time to time by ORBI SERVE.

Please initial here ________________

16.3 Should the credit application be successful; a credit quotation shall be submitted to THE APPLICANT.

16.4 Upon acceptance of the credit quotation, THE APPLICANT shall sign such credit quotation together with such further documents as may be required in terms of the approval.

16.5 THE APPLICANT shall sign an Acknowledgement of Debt ("AoD") for the total amount of the credit granted (including capitalized credit cost), and which AoD shall contain the terms and conditions of the credit, acknowledgment of liability for payment of the credit amount and repayment terms.

16.6 THE APPLICANT shall sign a cession of its crop proceeds to the value of a minimum, but also limited, to the value of the credit granted.

16.7 THE APPLICANT shall sign a cession of its hail policy's proceeds to the value of double the value of the credit granted.

16.8 THE APPLICANT shall sign a general cession limited to credit granted.

16.9 All related parties to THE APPLICANT will be required to sign surety and bind themselves and/or it as sureties and co-principal debtors for the credit granted.

16.10 THE APPLICANT acknowledges that it will pay a 10% collateral of the total credit approved into the nominated bank account of ORBI SERVE immediately after signing the credit quotation.

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17. Resolutive conditions for credit:

17.1 Signature and execution of all documents detailed in clause 16.

17.2 Should any of the required documents detailed in clause 17.1 above not be signed or executed and/or the 10% collateral not be deposited into the bank account of ORBI SERVE no credit shall be granted, or any of the reports required in terms of clause 16.1 not be acceptable to ORBI SERVE, no further credit shall be granted, and THE APPLICANT shall remain responsible for the payment of the unpaid balance of any invoice of the input supplier and/or any outstanding credit due to Orbi Serve.

17.3 If clause 17.2 becomes applicable THE APPLICANT shall remain the debtor of the service provider under such terms and conditions as may exist or have been agreed upon with THE APPLICANT.

17.4 In such an event a portion of the securities taken in terms of clause 16 above, calculated by reference to the percentage of the value of invoices not paid by ORBI SERVE, may be ceded to the service provider/s who have rendered services to THE APPLICANT on credit.

Please initial here ________________

SIGNATURE

DATED at__________________________on this_______day of__________________________2026.

ON BEHALF OF THE APPLICANT:

1. ____________________________________

FULL NAMES AND SURNAME

____

SIGNATURE

CAPACITY: ____

2. _____________________________________

FULL NAMES AND SURNAME

____

SIGNATURE

CAPACITY: ____

3. ____________________________________

FULL NAMES AND SURNAME

____

SIGNATURE

CAPACITY: ____

WITNESSES:

1. ____________________________________

FULL NAMES AND SURNAME

____

SIGNATURE

2. ____________________________________

FULL NAMES AND SURNAME

____

SIGNATURE

3. ____________________________________

FULL NAMES AND SURNAME

____

SIGNATURE

Resolution

1. Resolution taken by the (select the applicable description of the entity: Partners, Members, Trustees or Directors) ___________________________________ of (fill in name of Partnership, Closed Corporation, Trust or Company): ____.

2. It is resolved that ***any of the person(s)*** recorded in paragraph three (3) hereinafter is/are authorized, on behalf of the legal entity named above, (THE APPLICANT) to sign all credit applications and conclude contracts, of whatever nature, with Orbi Serve (Pty) Ltd, credit providers and agricultural input suppliers with whom Orbi Serve (Pty) Ltd facilitates the credit applied for and services to be rendered and so sign any documents on behalf of the legal entity (including, but not limited to, acknowledgements of debt, cessions and authorizations for the acquisition of information). For the sake of clarity, the signature of only one of the authorised persons shall suffice and be binding on the legal entity.

   It is further resolved that this application and all supporting documents to it, may be shared with credit providers, insurers, credit assessors, and agricultural input suppliers who rendered services and supplied agricultural inputs to THE APPLICANT and for which services and inputs credit is being applied for.

3. Details of authorised persons:

________________________	________________________	________________________
FULL NAMES AND SURNAME	CAPACITY	SIGNATURE
AND/OR		
________________________	________________________	________________________
FULL NAMES AND SURNAME	CAPACITY	SIGNATURE
AND/OR		
________________________	________________________	________________________
FULL NAMES AND SURNAME	CAPACITY	SIGNATURE
AND/OR		
________________________	________________________	________________________
FULL NAMES AND SURNAME	CAPACITY	SIGNATURE

4. Signatories acknowledge that the foregoing is a true and correct rendition of the meeting.

5. This resolution was taken at (place name) ____on this _____day of

___________________________2026.

Please initial here ________________