

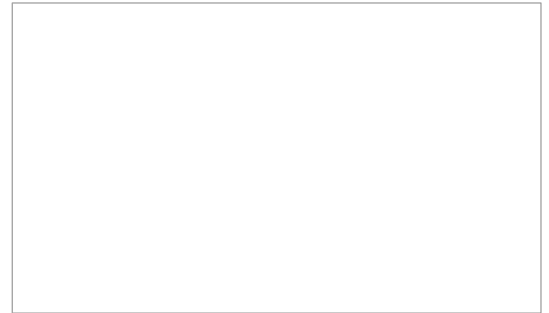
CLIENT LISTING FORM

Date: _____

Fax: (021) 917 2580

Email: myloan@spectrifin.co.za

**TO WHOM IT MAY CONCERN
SPECTRIFIN**



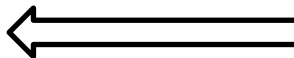
Company Stamp

AUTHORISED SIGNATORIES ON LOAN APPLICATIONS

I, _____, nominate the following signatories for all Spectrifin loan applications, and confirm that the repayments will be deducted from our payroll. These will be paid over to Spectrifin on a monthly basis.

Neither the owner, nor the company will be held liable, should any staff member abscond or leave their employ whilst having an outstanding balance owing to Spectrifin.

Sincerely

 SIGN HERE

MANAGING DIRECTOR
(Or authorised signatory)

Loan application forms to be countersigned by either one of the following Company Representatives:

<p>_____ Signature</p> <p>_____ Full name</p> <p>_____ Position held</p> <p>_____ Email address</p>	<p>_____ Signature</p> <p>_____ Full name</p> <p>_____ Position held</p> <p>_____ Email address</p>
<p>Number of employees:</p> <p>Industry:</p>	<p>Physical address:</p>