



**Load Runners SA**

LRSAZA Pty Ltd t/a Load Runners SA  
Vat: 4790264628  
Co Reg: 2013/179525/07

PHYSICAL ADDRESS  
UNIT 27  
126 14th AVENUE  
ANDERBOLT  
BOKSBURG  
GAUTENG  
SOUTH AFRICA  
TEL: (010) 035 0253  
TEL: (010) 035 0254

**SUB CONTRACTORS APPLICATION FORM**

REGISTERED NAME OF APPLICANT: .....  
TRADING NAME: .....  
TYPE OF BUSINESS: .....  
NAME OF ASSOCIATED BUSINESS: .....  
POSTAL ADDRESS: .....  
PHYSICAL ADDRESS: .....

VAT NUMBER: .....  
COMPANY REG NO: .....

**OPERATIONS**

TEL NO: .....  
CELL NO: .....  
CONTACT NAME: .....  
EMAIL: .....

**ACCOUNTS**

TEL NO: .....  
CELL NO: .....  
CONTACT NAME: .....  
EMAIL: .....

**BANK DETAILS**

ACCOUNT NAME: .....  
BANK: .....  
ACCOUNT NUMBER: .....  
BRANCH NUMBER: .....  
BRANCH NAME: .....

**GOODS IN TRANSIT INSURANCE DETAILS**

NAME OF INSURED: .....  
NAME OF INSURANCE BROKER: .....  
CONTACT PERSON: .....  
POLICY NUMBER: .....  
RENEWAL DATE: .....  
POLICY LOAD LIMIT: .....

**TYPE OF COVER:**

- ALL RISKS
- ALL RISKS INCLUDING DETERIORATION OF REFRIGERATED FOODSTUFF
- FIRE, COLLISION, OVERTURNING, THEFT FOLLOWING BY HIJACKING
- OTHER: IF OTHER PLEASE

SPECIFY .....  
.....

INITIAL HERE : .....



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LIST ANY EXCLUDED GOODS .....:

**PLEASE ATTACH COPY OF INSURANCE POLICY(DETAILS) A RECENT DOCUMENT FROM YOUR INSURANCE BROKER IS ALSO ACCEPTABLE. (WE ARE LOOKING TO CONFIRM THAT POLICY IS STILL IN PLACE)  
PLEASE REFER TO ATTACHED TERMS AND CONDITIONS OF CARRIAGE**

COUNTRIES COVERED :

- RSA
- SWAZILAND
- ZAMBIA
- DRC
- BOTSWANA
- ZIMBABWE
- LESOTHO
- NAMIBIA
- MOZAMBIQUE
- MALAWI
- IF OTHER PLEASE SPECIFY: .....

POLICY EXCESS: .....

BASIC (NON-HIJACKING) .....

I, the undersigned, personally and/or in my capacity as Director and /or member of the subcontractor, hereby undertake to notify Load Runners SA of any alteration/cancellation of the above confirmed insurance cover, in respect of goods carried as subcontractor on behalf of Load Runners SA, to and in favor of Load Runners SA and hereby give authority that such claim payment must be paid by my insurance company directly to Load Runners SA.

SIGNED: .....

DATE: .....

NAME: .....

CAPACITY: .....

INSURANCE BROKER STAMP:

### PODS AND CUT OFF DATE

Our cutoff date for receiving POD's and invoices is the 25th of each month. Documents received between the 26th and the last day of the month will be processed in the following month and will be paid 60 days. Please note that we require original POD's plus your related invoice in order for us to process payment.

### BBEE INFORMATION

BBBEE RATING: ..... EXPIRY DATE OF CERIFICATE: .....

ARE YOU AN EXEMPT MICRO ENTERPRISE? .....

(TURNOVER OF LESS THAN R5 000 000 PER ANNUM

INITIAL HERE : .....



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IF THE ANSWER TO THE ABOVE QUESTION IS YES, THEN PLEASE ATTACH AN INDEPENDANT LETTER FROM YOUR ACCOUNTANT VERIFYING THAT YOUR ANNUAL TURNOVER IS LESS THEN R5 000 000 PER ANUM. THIS LETTER MUST BE DATED WITHIN THE LAST 12 MONTHS FOR IT TO BE A VALID CONFIRMATION

INITIAL HERE.....

**NON-CIRCUMVENTION UNDERTAKING**

I, We,.....

State type of business :

- Sole Proprietor
- A Partnership
- Registered Company
- Private or Public
- Close Corporation
- Other .....

Undertake in favour of LRSA PTY T/A LOAD RUNNERS SA

1. For the duration of the period which we do business with the above close corporation ; and
2. For six months after the date of conclusion of the last contract and/or transaction between me/us and the

above

Will not utilize the service of any customer/transporter of the above said Corporation

I/We acknowledge that the terms and contract in every respect reasonable, the intent and purpose being to prevent a situation in which we negate the service being provided to us by the Close Corporation, simply by passing them and dealing with their customers or transporters directly.

I/We agree that in the event that we breach this undertaking the minimum damaged suffered by the said Close Corporation, may be computed by taking the average profit per load which the Corporation generated over its entire business during the three calendar months preceding any breach and multiply that by number of loads carried in breach of this agreement.

NAME : ..... SIGNATURE .....

For and on behalf of (Name of business ):.....

Date:.....

NAME:..... SIGNATURE.....

For and on behalf of LRSA PTY T/A LOAD RUNNERS SA

Date :.....

INITIAL HERE :.....