



Lidlelantfongeni Building
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Swaziland National Provident Fund *Lidlelantfongeni*

P.O. Box 1857
Manzini
M 200
Swaziland

You save for rainy days we provide for the future

APPLICATION FOR OFFICE/SHOP SPACE

BUILDING NAME: **DATE:**

1. Full Name:

2. Company Name:

3. Postal Address:

.....

.....

4. Telephone Number: (w) (h).....

5. Name of Reference:

6. Telephone Number: (w) (h).....

7. Relationship:

8. Type of space applied for: (office) (shop) (please make a cross)

9. Reason for application:

.....

10. For how long do you want the shop/office – 1 yr./2 yrs. Or more?

.....

11. Previous landlord:Telephone No.
12. Reason for leaving previous landlord:
.....
13. Name of Employer:Telephone Number:
14. Details: Trading Licence(copy) Certificate of Incorporation/Driver's
Licence or passport:
.....
15. Graded Tax Number:
16. Name of Bank:
17. Name of Account:

Signature of Applicant:

Designation:

For individual applicants:

1. Copy of current pay-slip/ bank statement(3 months);
2. Letter from employer;
3. Personal Identity Number;
4. Proof of Address.

For applicants whose bill will be paid by a company:

1. Letter from employer;
2. Audited financial statement;
3. Copy of current pay slip;
4. Personal Identity Numbers of Directors.

For companies:

1. Business plan/audited financial statement/Management Accounts;
2. Personal Identity Numbers of Directors;
3. Certificate of Incorporation;
4. Income Tax Clearance;
5. SNPF Certificate of Registration/Compliance Certificate