

Required Documents:

For Sole Trader

1. Business Plan/Bank Statement (3 months)
2. Copy of Personal Identity document
3. Trading License
4. Tax Clearance Certificate
5. ENPF Compliance Certificate
6. Proof of Residence of Sole Trader
7. Proof of Residence Permit of Sole Trader (**Non-Swazi**)

For companies

1. Business Plan (cash flow projection 12 months compulsory)
2. Audited financial statements/Management Accounts/Bank Statement (3 months)
3. Copy of Personal Identity documents of Directors
4. Certificate of Incorporation
5. Trading License
6. Tax Clearance Certificate
7. ENPF Compliance Certificate
8. FORM J
9. Proof of Residence of Directors
10. Proof of Residence Permits for Directors (**Non-Swazi**)



Eswatini National Provident Fund

Lidlelantfongeni

Your Future, Your Life

Lidlelantfongeni Building
Coner Ngwane & Martin
Streets, Manzini.
Tel: +268 2508 2000
Fax: +268 2508 2001
Email: info@snpf.co.sz
Website: www.snpf.co.sz

P.O.Box 1857
Manzini
M200
Eswatini

APPLICATION FOR OFFICE/SHOP SPACE

An administration fee of E50.00 (non-refundable) must be paid via ENPF's Mobile Money @7828 0680 OR deposit at the bank – A/C no. 40000011322 – NEDBANK – MANZINI – 360264 (attach receipt)

This application is valid for a period of 3 months.

DATE: _____

BUILDING NAME: _____

1. **Name of Applicant:** _____

2. Contact Number(s) (w) _____ (h) _____

Mobile No.(s): _____

Email Address: _____

3. **Name of Organization:** _____

Postal Address: _____

Email Address of Organization: _____

Telephone Number(s): _____

4. **Name of Director (1):** _____

Mobile No.(s): _____

Email Address: _____

PIN: _____

Physical Address: _____

5. **Name of Director (2):** _____

Mobile No.(s): _____

Email Address: _____

PIN: _____

Physical Address: _____

6. **Name of Reference:** _____

Telephone Number: _____

Cellphone Number: _____

Email Address: _____

Relationship: _____

PIN: _____

7. Type of space applied for:(office)/(Shop): _____

8. Type of Business (What do you do?): _____

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

10. **Previous landlord:** _____

Mobile No.(s): _____

Telephone No.(s): _____

Email Address: _____

Reason for leaving previous landlord: _____

Signature of Applicant: _____

Designation: _____

DECLARATION:

I/We declare the above to be true. I/We accept that the information I/we have given above may be used to investigate my/our credit record and report information concerning the credit experience of my account to a Credit Bureau and other. I/We concede that there is no assurance that my/our application shall be accepted.

Signed: _____
Applicant

At: _____

Date: _____

- Please note that the company's credibility will be checked through ITC (Transunion Swaziland)

For Official Use Only	
APPLICATION REVIEW:	
Outcome:	
<input type="checkbox"/> Approve:	
Facilities Manager: _____	Signature: _____
Date: _____	Premises No.: _____
<input type="checkbox"/> Decline: (If declined, please state reasons)	

