

MAIN AGENT APPLICATION FORM

(To be completed in FULL)

MAIN AGENT	Surname:	<input type="text"/>	Full Names:	<input type="text"/>	
ID No:	<input type="text"/>				
Cell Number 1:	<input type="text"/>	Cell Number 2:	<input type="text"/>	Tel No. & Code:	<input type="text"/>
Fax No. & Code:	<input type="text"/>	Email Address:	<input type="text"/>		

IF TRADING AS COMPANY	Company Trading Name:	<input type="text"/>			
VAT Reg. No:	<input type="text"/>	Date of VAT Reg.	<input type="text"/>		
Tax Clearance Certificate No:	<input type="text"/>	ITC Check.	<input type="text"/> Y/N		

**Please note that a copy of your ID is required. If you are a Registered company we require copies of:
Company Reg Documents / VAT Reg Document / Tax Clearance Certificate.
Acceptance of Agency Agreement is subject to availability of above information as well as an ITC Check.**

AGENT RESIDENTIAL ADDRESS	Street No:	<input type="text"/>	Street Name:	<input type="text"/>	
Flat/ Townhouse/ Complex:	<input type="text"/>	Unit No:	<input type="text"/>	Suburb:	<input type="text"/>
City/ Town:	<input type="text"/>	Province:	<input type="text"/>	Postal Code:	<input type="text"/>

AGENT OFFICE ADDRESS	Street No:	<input type="text"/>	Street Name:	<input type="text"/>	
Suburb:	<input type="text"/>	City/Town:	<input type="text"/>	Province:	<input type="text"/>
Postal Code:	<input type="text"/>				

AGENT POSTAL ADDRESS	P.O. Box / Private Bag:	<input type="text"/>	City / Town:	<input type="text"/>
Province:	<input type="text"/>	Postal Code:	<input type="text"/>	

AGENT BANKING DETAILS	Bank Name:	<input type="text"/>	Account Number:	<input type="text"/>
Branch code:	<input type="text"/>	Type of Account:	<input type="text"/>	

WORK RELATED REFERENCES	Name:	<input type="text"/>	Contact Number:	<input type="text"/>
	Name:	<input type="text"/>	Contact Number:	<input type="text"/>

FORM COMPLETED BY:	<input type="text"/>	Date completed:	<input type="text"/>
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FOR OFFICE USE ONLY			
Approved By:	<input type="text"/>	Date	<input type="text"/>
Application Checked By:	<input type="text"/>	Date	<input type="text"/>
	Print Name		
	<input type="text"/>		
	Signature		

COMPANY PROFILE	<input type="text"/>		
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			

