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## Dried Fruit for Africa Wholesalers Brackenfell CC

CK1998 / 071089 / 23

### **RESELLER APPLICATION FORM:**

Trading Name : \_\_\_\_\_

Registration Nr : \_\_\_\_\_ Vat Nr : \_\_\_\_\_

### **INDIVIDUAL, OWNER/S, SHAREHOLDERS, PRINCIPAL/S, DIRECTOR/S, MEMBER/S DETAILS:**

Name : \_\_\_\_\_

Address : \_\_\_\_\_

I.D.no. : \_\_\_\_\_ Designations : \_\_\_\_\_

E-mail : \_\_\_\_\_ Tel/Cell : \_\_\_\_\_

Name : \_\_\_\_\_

Address : \_\_\_\_\_

I.D.no. : \_\_\_\_\_ Designations : \_\_\_\_\_

E-mail : \_\_\_\_\_ Tel/Cell : \_\_\_\_\_

Name : \_\_\_\_\_

Address : \_\_\_\_\_

I.D.no. : \_\_\_\_\_ Designations : \_\_\_\_\_

E-mail : \_\_\_\_\_ Tel/Cell : \_\_\_\_\_

### **COMPANY DETAILS:**

Physical address of Business: \_\_\_\_\_

\_\_\_\_\_ Postal Code : \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal Code : \_\_\_\_\_

\_\_\_\_\_

Business Phone no : \_\_\_\_\_ Fax no : \_\_\_\_\_

Website : \_\_\_\_\_

Company E-mail: \_\_\_\_\_

**US ABOUT YOUR COMPANY:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NUMBER OF EMPLOYEES:** \_\_\_\_\_

**REGION(S) OF BUSINESS COVERAGE:** \_\_\_\_\_

**YEARS IN BUSINESS:** \_\_\_\_\_

**COMPANY BANK ACCOUNT DETAILS:**

Bankers : \_\_\_\_\_

Branch: \_\_\_\_\_

Account #: \_\_\_\_\_

**AUDITORS:**

Names : \_\_\_\_\_

Address: \_\_\_\_\_

Tel : \_\_\_\_\_

**WHO IS RESPONSIBLE FOR PAYMENTS:**

Name : \_\_\_\_\_ Tel : \_\_\_\_\_

E-mail : \_\_\_\_\_

By submitting this form I hereby confirm that:

The information contained in this form is true and correct. I am duly authorised to enter into agreements for/on behalf of the applicant.

I understand that this is a resellers registration only and not a credit application.

Date: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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