



Company Form

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|--|-------------------|-----------------------|
| Company Name: | | |
| Full Registered Name (If Different From Above): | | |
| Type Of Company (Hiring, Distribution, Event Coordinator, etc.): | | |
| Registration number: | | Number Years Trading: |
| VAT Registration Number: | | BEE LEVEL |
| Number OFF Partners AND Directors | | |
| Name Of Partners And Directors: SEND COPY'S OF ID PLEASE NB NB | | |
| 1) | 2) | 3) |
| FULL Physical Address: | | |
| | | Code: |
| Postal Address: | | |
| | | Code: |
| Telephone Number/s : | | |
| Facsimile Number: | | |
| Cellular Number/s & Name/s: | | |
| E-mail Addresses: | | |
| Website Address: | | |
| Contact Person (General): | Telephone Number: | |
| Contact Person (Accounts): | Telephone Number: | |
| Trade References: | | |
| Company 1: | Telephone Number: | |
| Company 2: | Telephone Number: | |

The above details furnished by me are true and correct:

Full Name Of Signatory: **date:** **20**