

cape town  
**MARKET**

**NEW SUPPLIER APPLICATION FORM**

<b>NAME</b>		<b>SURNAME</b>	
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<b>TRADING NAME</b>			
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<b>GAP CERTIFICATE NO.</b>		<b>FBO/PUK CODE</b>	
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<b>STREET ADDRESS</b>			<b>POSTAL CODE</b>	
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<b>POSTAL ADDRESS</b>			<b>POSTAL CODE</b>	
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<b>NAME OF BANK</b>		<b>ACCOUNT NUMBER</b>	
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<b>BRANCH NAME</b>		<b>BRANCH CODE</b>	
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<b>VAT NUMBER</b>		<b>CONTACT PERSON</b>	
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<b>TELEPHONE NO:</b>		<b>FAX NUMBER</b>	
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<b>CELL NUMBER</b>		<b>EMAIL</b>	
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<b>PROVISIONAL SALES ALLOWED ON CONSIGNMENTS?</b>		<b>YES</b>	<b>NO</b>
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**PLEASE COMPLETE APPLICATION FORM AND FAX OR EMAIL TO:**

<b>FAX NUMBER</b>	<b>021-531 5497</b>	<b>EMAIL ADDRESS</b>	<a href="mailto:assess@ctmarket.co.za">assess@ctmarket.co.za</a>
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