

cape town MARKET

NEW SUPPLIER APPLICATION FORM

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

FAX NUMBER	021 - 531 5497	EMAIL ADDRESS	assess@ctmarket.co.za
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