



VAT REG : 4460 221 411
 Section 458
 Plot 250
 Mooiplaats
 Postnet Suite 239
 Private Bag X844
 Silverton

Tel : (012) 802 0102
 Fax : (012) 802 0110

INTERIOR DECORATORS REGISTRATION FORM

Registered Name of Business : _____

Trading Name (If different from above) : _____

Full Name of Applicant (If Private) : _____

Type of Business (Tick where applicable)

:		
	Sole Proprietor	Private Company
:		
	Partnership	Public Company
:		
	CC	

Vat Registration Number : _____

Company / Close Corporation Number : _____

Postal Address : _____
 Postal Code: _____

Physical Address : _____
 Postal Code: _____

Name and Address of Landlord (If Physical address is rented):

Date of Commencement of Business : _____

Telephone No: _____ Fax No: _____

Cell Phone: _____ E-Mail: _____

Full Name(s) of Director(s) / Owner(s) / Member(s) / Trustee(s):

Full Name	:	_____	Full Name	:	_____
Id Number	:	_____	Id Number	:	_____
Address	:	_____	Address	:	_____
Home Tel	:	_____	Home Tel	:	_____

Cell : _____ Cell : _____

INTERIOR DECORATORS REGISTRATION FORM -

Auditors Name : _____ Tel: _____

Trade References:

Name : _____ Tel: _____

Name : _____ Tel: _____

Name : _____ Tel: _____

Name : _____ Tel: _____

Bank Details:

Bank : _____ Branch Code: _____

Type Of Account: _____ Account Number: _____

Dat of Account Opened: _____

If Less Than 3 Years - Previous Bank Name: _____
- Account Number: _____

I understand and declare that all the above information is true and correct.

Date: _____ Capacity: _____

Full Names (Block Lettters): _____ Signature _____

Office Use

Reference Checked By: _____ Date: _____

Approved By: _____ Amount: _____ Date: _____

Representative: _____