

Exporter Membership Application Form



Private Bag X5
Century City
7446

(tel) 021-5260474 * (fax) 021-5260479

Company Legal Name	
Trading Name (if applicable)	
Applicant's Name	
Applicant's Position	
Company's Postal Address	
Company's Physical Address	
Tel:	
Fax:	
Applicant's Mobile:	
E-mail:	
Website Address:	
Applicant's Signature	
	<i>By signing this application, I accept that all information declared herein accurately reflects the details of the company.</i>
Date	

BUSINESS INFORMATION REQUIRED

1	Type of Business (CC, Pty Ltd, etc.)	
2	Company Registration Number	
3	VAT Registration Number	
4	Country of Registration	
5	Date Business Commenced	
6	Is the Company Women-Owned?	
7	Any Previous Trading Names	
8	PPECB Registration Number	
9	Date of PPECB Registration	
10	Fruit Kinds Exported	
11	Do you export organic fruit? If yes, please specify which fruit kind(s)	
12	Do you produce your own fruit?	
13	List the export market(s) you target	
14	Approximate Annual Turnover	
15	Volumes Exported	
16	Owner(s) Name and ID number	
17	Other Companies Owned	
18	Management Team, including position <i>(Please add additional rows if necessary)</i>	
19	Name of Holding Company, <i>(including contact details if applicable)</i>	
20	Name of Subsidiary Company <i>(including contact details if applicable)</i>	

21	Supplier References <i>(including contact names and telephone numbers)</i> . <i>Please include at least 3 supplier references</i>	
22	Company Bank Account Details	Name and Branch:
		Account Number:
		Branch Number: