



REGISTRATION FORM TO CREATE NEW LEVY PAYER

Please complete and submit to Magda Spies (X 6901) or Nelie van der Merwe (X 6468).

Fax No: 012 428 6116

HEF NO:

DEPOSIT REF:

JDE NO:

SECTION 1

Name of Company:

Trading as (if applicable):

Postal Address:

Code:

Physical Address:

Code:

Tel No:

Fax No:

Cell No:

e-Mail Address:

Contact Person:-

Accounts:

Imports:

Local Production:

SECTION 2 (FOR OFFICE USE ONLY)

Commodity Description	Commodity No	Applicable Levy Period/s

NRCS Inspector: _____ Business Unit: _____

Date: _____ Tel. Ext. No: _____