

Registration Form

Legal Entity Details

Company		Trading Name			
Company Reg Number		Date of registration			
Which of the following classifies your Legal entity?		Manufacturer	Importer	Builder	Service Provider

Address & Contact Details

Name of the representative of the entity			
Fax number (Please include the area code)			
Cellphone No		Land Line Number:	
E-mail			
Physical address of the entity			
City/Town		Postal Code	
Province			
Postal address			
City/Town		Postal Code	
Company VAT no			

Bank details	Account holder:	
	Bank name:	
	Type of account:	
	Account number:	
	Branch code:	

Products/Services Registering	Compulsory Specification Number	Importers	Manufacturer / Builder	Both	Service Provider	Country of Origin	SARS Import Tariff Code (Compulsory for Importers,)

Measuring equipments, mass, volume, length area or number information | Y | N |

1. Do you utilize measuring instruments to trade your products or services?		
2. Do you pack any goods by <u>Mass</u>, <u>Volume</u>, <u>Length</u>, <u>Area</u> or <u>Number</u>?		

Product Certification Scheme Holders (Mark Scheme Holders). If applicable

Certifying Body	Type Scheme	Applicable Compulsory Specification. (VC. Number)	Date Certificate Issued	Expiry Date

TICK ON BOX TO CONFIRM THE INFORMATION YOU PROVIDED ABOVE IS CORRECT

Registration Form



Please Provide Physical Information for storage facilities/ Warehouse for product kept on different premises as address above if applicable

1	Physical address of the entity		
	City/Town		Postal Code
	Province		
2	Physical address of the entity		
	City/Town		Postal Code
	Province		
3	Physical address of the entity		
	City/Town		Postal Code
	Province		
4	Physical address of the entity		
	City/Town		Postal Code
	Province		
5	Physical address of the entity		
	City/Town		Postal Code
	Province		
6	Physical address of the entity		
	City/Town		Postal Code
	Province		
7	Physical address of the entity		
	City/Town		Postal Code
	Province		
8	Physical address of the entity		
	City/Town		Postal Code
	Province		
9	Physical address of the entity		
	City/Town		Postal Code
	Province		
10	Physical address of the entity		
	City/Town		Postal Code
	Province		
11	Physical address of the entity		
	City/Town		Postal Code
	Province		
12	Physical address of the entity		
	City/Town		Postal Code
	Province		

Signatures

I confirm that the information provided is correct and undertake to notify the NRCS on any future changes in relation to the information provided

Signed _____ **TICK ON BOX TO SIGN** Place _____ Date: _____