

GENERAL INFORMATION OF APPLICANT
(Form must be completed by the Company's Designated Authority, i.e. CEO, CFO, MD, etc)

Registered Name of Company					
Trading Name					
Registration No. (CC or Company)					
VAT Registration No.					
TAX No. and Expiry Date of Tax Clearance Certificate		Tax No.		Date	
Physical Address (Building, Street, Suburb, City)					
Postal Address (Postnet / PO Box, Area, Code)					
Number of Staffs		Sales		Technical	
Contact Details (CEO, CFO, MD, etc)		Name		Last Name	
		Tel		Fax	
		E-mail		Cell	
Contact Details(Sales)		Name		Last Name	
		Tel		Fax	
		E-mail		Cell	
Contact Details(Technical)		Name		Last Name	
		Tel		Fax	
		E-mail		Cell	
Banking Details		Bank		Branch	
		Acc. No		Branch Code	
Completed By	Print Name				Signature
	Designation				
	Date				

Form to be completed and emailed to info@vprsolutions.co.za
Please provide the following Documents:

Company Profile, CK document, Valid BEE Certificate, Tax Clearance Certificate, Proof of Banking Details