

TRADING INFORMATION

Company Name (“the applicant”/“the reseller”)	
Physical Address	
	Code
Postal Address	
	Code
Telephone	
Mobile	
Facsimile	
Email	
Type of Business	
Registration Number	(Please provide Copy)
VAT Number & Tax Clearance	(Please provide Copy)
Landlord Name	
Physical Address	
	Code
Contact Number	

DIRECTORS/OWNERS INFORMATION

Surname & Names	
Designation	
Physical Address	
	Code 1685
Identity Number	(Please provide Copy)

Surname & Names	
Designation	
Physical Address	
	Code
Identity Number	(Please provide Copy)

Surname & Names	
Designation	
Physical Address	
	Code
Identity Number	(Please provide Copy)

SIGNATURE	
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All information will be treated with the STRICTEST CONFIDENCE