

# Skyworth Investments Africa (Pty)Ltd

## DEALER / RE-SELLER APPLICATION

Trading name of dealer:	
Registered name of dealer:	
Previous trading / registered names:	
Incorporated form of business: (Pty) Ltd / Limited / CC)	
Reg. number of entity:	Vat registration Number:

Date of establishment of entity:	Number of years in business:
Business activities:	

Physical address:	Code:	
Delivery address: (If different from physical address)	Code:	
Postal address:	Code:	
Address where invoices are to be sent: (If different from above)	Code:	
Registered address: (If different from physical address)	Code:	
Tel no:	Mobile:	Fax no:

<b>Details of owners, directors, members and partners:</b>		
Full name:	ID No:	Shareholding % / Interest
Residential address:		Code:
Full name:	ID No:	Shareholding % / Interest
Residential address:		Code:
Full name:	ID No:	Shareholding % / Interest
Residential address:		Code:

Account contact person:	Estimated monthly purchases:
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TV / Dealer Licence Number:
(Proof to be attached herewith)

**WARRANTY**

The Applicant warrants that the information furnished, in terms of this Application, is true and correct, and above all, will notify the Company, in writing, of any change(s) of any details, as herein contained, alternatively, those that may be material and/or relevant to the acceptance, by the Company, of this Application.

Signed: _____	Date: _____
Full name of signatory:	Company designation of signatory: