



The Story of South African Wine

10 Chapters Wine (Pty) Ltd
www.10chapters.co.za

Legal Entity Registration Form

113 Main Road, Paarl, 7646
 e-mail: info@10chapters.co.za

PO Box 871, Stellenbosch, 7599
 Reg No 2007/008908/07

Tel: +27 21 863 0321 Fax: +27 86 524 5141
 VAT No 4800238315

PERSONAL DETAILS																			
LEGAL ENTITY NO										BUSINESS ADDRESS									
REGISTERED NAME																			
SURNAME DIRECTOR																			
FIRST NAME DIRECTOR																			
TEL. HOME																			
TEL. BUSINESS																			
FAX																			
CELLULAR																			
EMAIL																			
PREFERRED METHOD OF COMMUNICATION (tick all that apply)										<input type="checkbox"/> PERSONAL		<input type="checkbox"/> PHONE		<input type="checkbox"/> EMAIL		<input type="checkbox"/> SMS			
I would like to receive email and new products info										YES <input type="checkbox"/>		NO <input type="checkbox"/>							
ACCOUNT DETAILS OF EARNINGS																			
Which account would you like your rebates paid into? Please mark the appropriate box with an X										<input type="checkbox"/> SAVINGS		<input type="checkbox"/> CURRENT ACCOUNT							
NAME OF CURRENT ACC HOLDER																			
BANK NAME																			
BRANCH CODE																			
ACCOUNT NUMBER																			
TYPE OF ACCOUNT										<input type="checkbox"/> SAVINGS		<input type="checkbox"/> CURRENT ACCOUNT							
SIGNATURE of account holder: _____										Member signature if different from account holder: _____									
YOUR FIRST ORDER																			
PRODUCT CODE	DESCRIPTION	QTY	POINTS	PRICE															
TOTALS																			
ENROLLER DETAIL																			
ENROLLERS NAME										ENROLLERS NUMBER									
REGISTER ME AS										<input type="checkbox"/> MARKETING AFFILIATE		<input type="checkbox"/> DIRECT CUSTOMER							
DATE: <u>DD / MM / YYYY</u> MEMBER SIGNATURE: _____																			
I agree to abide by the terms and conditions of this agreement as contained overleaf																			
Please attach copies of the following documentation																			
❖ Certificate of incorporation																			
❖ VAT registration certificate																			
❖ Details of director/members/trustees																			
FOR OFFICE USE ONLY																			
DATE: <u>DD / MM / YYYY</u> SIGNATURE of 10 Chapters staff member: _____										MA NUMBER: _____									