



The Story of South African Wine
10 Chapters Wine (Pty) Ltd
www.10chapters.co.za

Individual Registration Form

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 VAT No 4800238315

PERSONAL DETAILS													
ID / PASSPORT NO.												RESIDENTIAL ADDRESS	
SURNAME													
FIRST NAMES													
TITLE													
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: _____													
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													
FOR OFFICE USE ONLY													
DATE: <u>DD / MM / YYYY</u> SIGNATURE of 10 Chapters staff member: _____ MA NUMBER: _____													