

Exporter Membership Application Form



Private Bag X5
Century City
7446

(Tel) 021-526 0474 (Fax) 086 687 2198

Company Legal Name	
Trading Name (if applicable)	
Applicant's Name	
Applicant's Position	
Company's Postal Address	
Company's Physical Address	
Tel:	
Fax:	
Applicant's Mobile:	
E-mail:	
Website Address:	
Applicant's Signature	
	<i>By signing this application, I accept that all information declared herein accurately reflects the details of the company.</i>
Date	

BUSINESS INFORMATION REQUIRED

1	Type of Business (CC, Pty Ltd, etc.)	
2	Company Registration Number	
3	VAT Registration Number	
4	Country of Registration	
5	Date Business Commenced	
6	Is the Company Women-Owned?	
7	Any Previous Trading Names	
8	APAC-Registered (Yes or No)?	
9	PPECB Registration Number	
10	Date of PPECB Registration	
11	Fruit Kinds Exported	
12	Do you export organic fruit? If yes, please specify which fruit kind(s)	
13	Do you produce your own fruit?	
14	List the export market(s) you target	
15	Approximate Annual Turnover	
16	Volumes Exported	
17	Owner(s) Name and ID number	
18	Other Companies Owned	
19	Management Team, including position <i>(Please add additional rows if necessary)</i>	
20	Name of Holding Company <i>(including contact details if applicable)</i>	

21	Name of Subsidiary Company <i>(including contact details if applicable)</i>	
22	Declaration of Shareholding	
23	FPEF References: <i>Please include at least 2 current FPEF member references on a signed letterhead by the company CEO or MD.</i>	
24	Company Bank Account Details	Name and Branch:
		Account Number:
		Branch Number: