

APPLICATION FORM

After completing this form, please mail to admin@lis-sa.co.za



MY ROLE (I AM): Buyer/Seller Transporter Transport Broker Location Operator

CLIENT INFORMATION

| | |
|------------------------------|----------------------|
| Registered Name: | |
| Trading as/Name of Business: | |
| Coordinates: | Area: |
| Registration Nr: | VAT Registration Nr: |

ADDRESS

| | |
|-------------------|--------------|
| Postal Address: | |
| Physical Address: | |
| State/Country: | Code kode: |

ADMINISTRATOR

| | |
|----------|---------|
| Surname: | Name: |
| ID no: | Email: |
| Tel(W): | Mobile: |

I / we _____ with ID nr _____ declare that I am / we are duly authorised to submit above mentioned information on behalf of _____ and confirm that all information submitted above is true and correct to the best of our knowledge at date of signature of this document. I / we furthermore indemnify Logistical Information System (Pty) Ltd from any damages and / or financial loss suffered as a result of incorrect or false information provided by me / us.

Signed at _____ on this _____ day of _____ 2018.

Name and Surname: _____ Signature: _____

Name and Surname: _____ Signature: _____