

Scan and email completed form to botswanabusinesscard@shoprite.co.za

1. Applicant Details

Registered Name of Business _____ Company Registration Number _____
Trading Name _____
Physical Address (chosen domicilium address) _____ Postal Address _____

Code _____ Code _____
Country _____ Country _____
Applicant Contact Details _____
Telephone Number _____ Fax Number _____
Cell Phone Number _____ Email Address _____

2. Details of Authorised Representative

Title (Mr/Mrs/Ms/Other) _____ Initials _____
Names _____ Surname _____
Identity Number _____ Date of Birth (dd/mm/yyyy) _____
Designation _____
Authorised Signature Date (dd/mm/yyyy) _____

3. Bank Account Details

We need this information to assess your credit status.

Name of Bank _____ How many years have you banked there? _____
Type of Account: Current Savings Transmission
Account Number _____ Branch Code _____

4. Debit Order Authorisation

Would you like to pay your Shoprite Card by debit order? Yes No

PLEASE COMPLETE THE ATTACHED DDAC MANDATE FORM (FORMDD8)

5. Preferences

Would you like to receive your statements via: Email (preferred) Post

6. Purchase Limit

Purchase limit applied for: P _____

Additional cards required? Quantity

7. Signature on behalf of Applicant

I hereby confirm that all details supplied above are true and correct. I acknowledge that I have read and understand the terms and conditions attached to this application form and undertake on behalf of the Applicant.

Signed at _____ on _____ / _____ / _____
(Full address where application was signed) (day) (month) (year)

Signature on behalf of Applicant

Full Name of Signatory _____ Designation _____

Documents required

- Bank Reference letter stating name and bank account number
- Certificate of Incorporation
- Tax clearance certificate