

Business Address:

Post Code:

Post Address:

Post Code:

Telephone:

Code:

Number:

Facsimile:

Code:

Number:

Cellular No:

E-mail address:

D. DECLARATION

I hereby declare that the information furnished herein is true and correct.

Date:

 - -

Signature:

Name & Surname :

E. ACKNOWLEDGMENT OF RECEIPT

- Acknowledge of receipt will be issued once this application is processed by HORTGRO on behalf of CAPE FLORA SA.
- Should your circumstances change to such an extent that registration is no longer warranted; an application for de-registration must be requested and submitted.