

Client Information Form

\* please include shop number and building details

CLIENT DETAILS	Legal Name of Entity		Trading Name			
	Physical Address*				Street Code	
	Postal Address		Postal Code	Facsimile Number	VAT Number	
	E-mail Address			Telephone Number		Co./CC. Registration
	Partnership	Sole Proprietor	Trust	Company	Close Corporation	Income Tax Number

To be completed in full by all shareholders / members / partners / owners

PRINCIPAL DETAILS	1) Full Names:				Full Name	ID Number	Fingerprints	X		
	of (Physical Address)				Address				ID Book	X
	E-mail Address		Mobile Number	Facsimile Number	Telephone Number					
	2) Full Names:				Full Name	ID Number	Fingerprints	X		
	of (Physical Address)				Address				ID Book	X
	E-mail Address		Mobile Number	Facsimile Number	Telephone Number					
	3) Full Names:				Full Name	ID Number	Fingerprints	X		
	of (Physical Address)				Address				ID Book	X
	E-mail Address		Mobile Number	Facsimile Number	Telephone Number					
	PO BOX you would prefer correspondence sent to:									
PO BOX 1		Suburb	City	Postal Code		Street Code				
PO BOX 2		Suburb	City	Postal Code		Street Code				

ARCHITECT	Business Name		Architect Name			Plans emailed in Acrobat format.	X
	Address				Code		
	E-mail Address		Mobile Number	Facsimile Number	Telephone Number		

LANDLORD	Business Name		Contact Name			Lease Period	X
	Address				Code		
	E-mail Address		Mobile Number	Facsimile Number	Telephone Number		

AUDITOR	Business Name		Contact Name		
	Address				Code
	E-mail Address		Mobile Number	Facsimile Number	Telephone Number

PREMISES AND LETTING AGENT	Street Number	Shop Number			
	Address			Code	
	Title Deed Description				X
	Letting Agent	E-mail Address	Mobile Number	Telephone Number	

TOWN PLANNER	Business Name	Contact Name		
	Address			Code
	E-mail Address	Mobile Number	Facsimile Number	Telephone Number

MANAGER OF BUSINESS	Full Names	ID Number		
	Address			Code
	E-mail Address	Mobile Number	Facsimile Number	Telephone Number

To be completed in full by all shareholders / members / partners / owner

TAX DETAILS	Trading Entity	Full Name	
	Copy of the VAT registration certificate		X
	1) Full Names:	Full Name	
	Letter from the Receiver of Revenue containing name and income tax registration number		X
	2) Full Names:	Full Name	
	Letter from the Receiver of Revenue containing name and income tax registration number		X
3) Full Names:	Full Name		
Letter from the Receiver of Revenue containing name and income tax registration number		X	

FOR OFFICE USE ONLY	File Number	Liquor Board Reference	Magistrate	X	Existing Client
	Accounts Reference	Date Processed	Liquor Board		
	Internal Reference	Date Processed	Police Station	X	New Client

Please complete this form and FAX or EMAIL it back to our offices:  
**info@slotow.co.za**  
**086 676 7499**