

Client Information Form - Conversions

* 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					

PRINCIPAL DETAILS	To be completed in full by all shareholders / members / partners / owners				
	1) Full Names:	Full Name		ID Number	ID Book
	of (Physical Address)	Address			
	E-mail Address		Mobile Number	Facsimile Number	Telephone Number
	2) Full Names:	Full Name		ID Number	ID Book <input type="checkbox"/>
	of (Physical Address)	Address			
	E-mail Address		Mobile Number	Facsimile Number	Telephone Number
	3) Full Names:	Full Name		ID Number	ID Book <input type="checkbox"/>
	of (Physical Address)	Address			
	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		
	Address				Code
	E-mail Address		Mobile Number	Facsimile Number	Telephone Number

LANDLORD	Business Name		Contact Name		
	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

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