

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 |      |                                  |   |

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

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