

This document consists of 1 page Application for C.O.D facilities with

KOLOK A DIVISION OF BIDVEST PAPERPLUS (PTY) LTD Reg. No. 1997/010970/07 "THE CREDITOR" CONFIDENTIAL

FULL NAME OF "THE APPLICANT"							
TRADE NAME/ STYLE OF THE APPLICANT							
РО ВОХ	TOWN					CODE	
TEL	FAX					CELL	
PHYSICAL/ DELIVERY ADDRESS							
SURBURB	TOWN		(PIFASE		PTY TRUST NI ATT. COPY OF (
PERSON RESPONSIBLE FDR ACCOUNT		EMAIL	(, , , , , , , , , , , , , , , , , , ,			TEL. NO	
PERSON RESPONSIBLE FOR BUYING		EMAIL				TEL. NO	
REGISTERED OFFICE ADDRESS							
SOLE OWNER	PARTNER SHIP		(PTY) LTD		СС		
YEAR COMMENCED BUSINESS				ATION NUMBER			
NAME AND ADDRESS OF AUDITORS			(PLEASE ATTACE	I COPY OF CERTIFICATE)			
BANKERS BRANCH NAME		BRANCH CODE				TELEPHONE No.	_
			×			- -	
ACCOUNT NUMBER (PLEASE ATTACH CANCELLED CHEQUE)			DATE A/C O	PENED			
	E, ADDRESS, TELEPHO	ONE & LD. NUM	BER OF PRO	PRIFTOR/DIRECTO	RS/MFMRF	RS/PARTNER	
	1	(PLEASE ATTACH		CHEQUE)			
NAMES		ADDRESS		TEL			ID NUMBER
SIGNATURE			EIIII	NAME			
SIGNATORE		FULL NAME					IDENTITY NUMBER
	1,0			Ti .			
SIGNED AT	THIS		DAY OF	o 			
WITNESS			FULL NAMES				
REPRESENTATIVE SIGNATURE	-		NAME		_	TELE	PHONE NUMBER