

## APPLICATION FOR SAITEX 2019

- Please complete all information required.
- When you apply for this mission, your company should not be receiving any financial assistance from another government entity for the same mission.

|  |                   |  |  |   |                          |                     |  |
|--|-------------------|--|--|---|--------------------------|---------------------|--|
| <b>1. Business Particulars</b>   |                   |  |  |   |                          |                     |  |
| <b>Registered name of Business:</b>  |                   |  |  |   |                          |                     |  |
| <b>Trading name of Business:</b><br><i>(if different to registered name)</i>             |                   |  |  |   |                          |                     |  |
| <b>Exporter Registration Number:</b><br><i>(Allocated SARS Custom Code)</i>              |                   |  |  |   |                          |                     |  |
| <b>Postal Address:</b>   |                   |  |  |   |                          | <b>Postal Code:</b> |  |
| <b>Physical Address:</b>   |                   |  |  | <b>Web Site:</b>                          |                          |                     |  |
| <b>Suburb:</b>   |                   | <b>City:</b>                           |  |   | <b>Province:</b>         |                     |  |
| <b>2. Contact Person</b> <i>(particulars of person responsible for export marketing)</i> |                   |  |  |   |                          |                     |  |
| <b>Name:</b>   |                   | <b>Surname:</b>                        |  | <b>Title:</b><br><i>Prof/Dr/Mr/Mrs/Ms</i> |                          | <b>Designation:</b> |  |
| <b>Dialing Code:</b>   | <b>Telephone:</b> |  |  | <b>Extension:</b>                         |                          | <b>Fax:</b>         |  |
| <b>Cell Phone:</b>   |                   |  |  | <b>E-mail:</b>                            |                          |                     |  |
| <b>3. Product and Market Particulars</b>   |                   |  |  |   |                          |                     |  |
| <b>Business Category:</b> <i>Please choose your category below:</i>                      |                   |  |  |   |                          |                     |  |
| <input type="checkbox"/> <b>Manufacturer</b>   |                   | <input type="checkbox"/> <b>Trader</b> |  |   | <input type="checkbox"/> |                     |  |
| <b>Agent</b>   |                   |  |  |   |                          |                     |  |
| <b>NB: ALL APPROVED PARTICIPANT ARE REQUIRED TO PROVIDE THEIR OWN TRANSPORTATION</b>     |                   |  |  |   |                          |                     |  |

- Please make sure that the information provided is correct.

**\*Disclaimer: Please take note that application for a specific exhibition does not guarantee participation. Companies will be confirmed via email, if their application is successful\***