FRESHLINQ

Buyer Registration

COMPULSORY FIELDS GREY	OPTIONAL FIELDS WHITE

Business Partner Details

Registered Name:		*Title:*	
Trading Name:		*Name:*	
Registration No / ID Number:		*Surname:*	
VAT No:		*Telephone No:*	
Email Address:		**Type of Entity:* **I.e. Private Company, Public Company, Sole Proprietor, etc.*	
Cell Phone No:			
Fax No:			

Addresses

Physical Address:		*Postal Address:*		☐ *Same as Physical*
Suite:		*Suite:*		
Building:		*Building:*		
Street:		*Street:*		
City:		*City:*		
Province:		*Province:*		
Country:		*Country:*		
Postal Code:		*Postal Code:*		

Supporting Documentation

Company Registration		*Copy of Owner's ID*		*Proof of Bank Account*		*VAT Clearance Certificate (If Registered)*	

I hereby accept the Terms and Conditions (https://freshlinq.com/Terms)

I hereby declare that all the information supplied is correct. I authorize FGX or its service provider / agent to verify this information if required.

I declare that I am the duly authorised representative and are authorised to sign any document on the behalf of _____ (name of legal entity).

_____ _____ _____

NAME **SIGNATURE** **DATE**

I declare that I am the duly authorised representative and are authorised to sign any document on the behalf of Farm Gate Trading Platform (Pty) Ltd.

_____ _____ _____

OBO FGX **SIGNATURE** **DATE**

** Required Fields*

Signature Initial _____