

COMPULSORY FIELDS GREY				OPTIONAL FIELDS WHITE			
Business Partner Details							
Registered Name:				Title:			
Trading Name:				Name:			
Registration No / ID Number:				Surname:			
Are you VAT Registered?		YES		NO		Telephone No:	
VAT No (provide Proof If Registered):				Fax No:			
Email Address:				Type of Entity: <small>**I.e., Private Company, Public Company, Sole Proprietor, etc.</small>			
Cell Phone No:							
Addresses (Provide proof)							
Physical Address:				Billing Address		<input type="checkbox"/> Same as Physical	
Suite:				Suite:			
Building:				Building:			
Street:				Street:			
City:				City:			
Province:				Province:			
Country:				Country:			
Postal Code:				Postal Code:			
Branches							
Branch 1				Branch 2			
Name:				Name:			
Street:				Street:			
Building:				Building:			
Suite:				Suite:			
City:				City:			
Province:				Province:			
Country:				Country:			
Postal Code:				Postal Code:			
Brands							
1.		2.		3.		4.	
Please complete the provided Excel Spreadsheet as thoroughly as possible to register trade products							
Bank Details							
*Account Holder:				Branch Name:			
*Account No:				*Branch Code:			
*Account Type:				Statement Format: (TPFA only)			
*Bank:				Please supply Proof of Bank Account (Not older than 3 months)			
User Login Required (For Sales Report and Account Sales)							
Name and Surname:			Email Address:			Contact Number:	

Contacts (Critical for email subscriptions)

Contact 1	Title:		Contact 2	Title:	
	Name:			Name:	
	Surname:			Surname:	
	ID Number:			ID Number:	
	Role:			Role:	
	Role:			Role:	
	Cell Phone No:			Cell Phone No:	
	Email Address:			Email Address:	
	Email Subscriptions (Mark with an X where applicable):			Email Subscriptions (Mark with an X where applicable):	
	Daily Producer Sales Summary:			Producer Payment Packs (Account Sales):	
Contact 3	Title:		Contact 4	Title:	
	Name:			Name:	
	Surname:			Surname:	
	ID Number:			ID Number:	
	Role:			Role:	
	Cell Phone No:			Cell Phone No:	
	Email Address:			Email Address:	
	Email Subscriptions (Mark with an X where applicable):			Email Subscriptions (Mark with an X where applicable):	
	Daily Producer Sales Summary:			Producer Payment Packs (Account Sales):	

Voluntary Levies

Please indicate if the following voluntary levy may be deducted from the proceeds of sales through Freshling:

Levy:	Product:	2023/2024 Rates (Rand/kg):	YES	NO
Tomato Producers' Organisation Levy	Tomatoes	R 0.005 per kg	<input type="checkbox"/>	<input type="checkbox"/>

Statutory Levies

Please take note of following statutory levies that are deducted from the proceeds of sales through Freshling:

Levy:	Product:	2023/2024 Rates (Rand/kg)
Deciduous Fruit Producers' Trust (SAAPPA)	Apples	R 0.053 cents per kg
Deciduous Fruit Producers' Trust (SAAPPA)	Pears	R 0.053 Rand per kg
Deciduous Fruit Producers' Trust (SASPA)	Apricots	R 0.225 Rand per kg
Deciduous Fruit Producers' Trust (SASPA)	Nectarines	R 0.187 Rand per kg
Deciduous Fruit Producers' Trust (SASPA)	Peaches (including Cling Peaches)	R 0.187 Rand per kg
Deciduous Fruit Producers' Trust (SASPA)	Plums / Prunes	R 0.208 Rand per kg

Supporting Documentation (Compulsory field)

Company Registration		Copy of Owner's ID		Proof of Bank Account		VAT Clearance Certificate (if registered)		Proof of Address	
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Automatic Lot Loss Recovery

(Mark with X where applicable)

In the case where your product should be stored in Cold Storage / Ripening Rooms at the market, and the charges result in losses on the lots, do you give us permission to recover the losses from other lots on the same delivery note? Or, should the losses only be recovered from the same lot?

Recovery Mode Per Delivery Note	Recovery Mode Per Lot
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I hereby accept the Terms and Conditions (<https://freshling.com/Terms>)

I hereby declare that all the information supplied is correct. I authorize Freshling (Pty) Ltd 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 _____