

RICA MERCHANT APPLICATION

Please send all RICA details in one fax transmission

Fax No

086 685 0743

COMPANY DETAILS

Trading Name of Outlet
Registered Name of Company
Company Registration Number
VAT Number
Franchise Name
Date of
Establishment

TYPE OF BUSINESS

Sole Proprietor

Partnership

Close Corporation

Company

Other

RICA OUTLET DETAILS

Owners Name
Physical Address
Street Name
Suburb
City
Province
Postal Code

I (Print Name) the duly authorised signatory of the outlet read, understand and agree to be bound by the terms and conditions contained on the RICA AGENT document and declare that the information given above is true and correct.

Signature: _____

Date: _____