

# APPLICATION FORM FOR REGISTRATION AS A LIVESTOCK AGENT



**AGRICULTURAL PRODUCE AGENTS COUNCIL**

Benvista Office Park No 5, Edgar Road, Jansen Park , Boksburg  
 Suite No 69, Private Bag X9, East Rand, 1462  
 Tel: (011) 894-3680 Fax: (011) 894-3761  
 Email: jeandre.holmes@apacouncil.co.za

**REMARKS:**

- This form must be sent or delivered to the above address.
- If your business has branch offices a separate form must be completed in respect of each branch.
- In the case of a Partnership separate application forms must be completed by each partner.
- All questions must be answered and the required information furnished.
- If the space provided herein is insufficient, please attach a separate page containing the relevant information.

Whether this application is in respect of a Company, Close Corporation, Partnership, Sole Owner or Co-operative (Tick applicable block)	Company	Close Corporation
	Partnership	Sole owner
	Co-operative	
Registered name of applicant or		
Trading name of applicant		
Registration number of Company etc		
VAT registration no		
Financial year end of business		
Date on which business will commence / commenced and in which town/city		
FULL NAMES AND I.D. NUMBERS OF Directors of a Company or a Co-operative, Members of a Close Corporation, Partners of a Partnership or Sole Owner		
Do any of the above have an interest in any other agency. If yes the name of the agency		
Physical address of business		
Postal address of business		
Telephone number Fax number E-mail address		
Name and postal address of Auditor appointed by you		
Telephone number Fax number E-mail address		

\_\_\_\_\_  
SIGNATURE OF AUTHORISED APPLICANT

\_\_\_\_\_  
DATE OF APPLICATION