

Shoprite Business Card

store card application form

Scan and email completed form to ghanabusinesscard@shoprite.co.za

1. Applicant Details

Registered Name of Business _____ Company Registration Number _____

Trading Name _____

Physical Address (chosen domicilium address) _____ Postal Address _____

_____ Code

_____ Code

Country _____

Country _____

Applicant Contact Details

Telephone Number _____

Fax Number _____

Cell Phone Number _____

E-mail Address _____

2. Details of Authorised Representative

Title (Mr/Mrs/Ms/Other) _____ Initials _____

Names _____ Surname _____

Identity Number _____ Date of Birth (dd/mm/yyyy) _____

Designation _____

Authorised Signature Date (dd/mm/yyyy) _____

3. Bank Account Details

We need this information to assess your credit status.

Name of Bank _____ How many years have you banked there? _____

Type of Account: Current Savings Transmission

Account Number _____ Branch Code _____

4. Debit Order Authorisation

Would you like to pay your Shoprite Card by debit order? Yes No

PLEASE COMPLETE THE ATTACHED DDAC MANDATE FORM (FORMDD8)

5. Preferences

Would you like to receive your statements via: E-mail (preferred) Post

6. Purchase Limit

Purchase limit applied for: GHc _____

Additional cards required? Quantity

7. Signature on behalf of Applicant

I hereby confirm that all details supplied above are true and correct. I acknowledge that I have read and understand the terms and conditions attached to this application form and undertake on behalf of the Applicant.

Signed at _____ on _____ / _____ / _____
(Full address where application was signed) (day) (month) (year)

Signature on behalf of Applicant

Full Name of Signatory _____ Designation _____

- Documents required**
- Bank Reference letter stating name and bank account number
 - Certificate of Incorporation
 - Tax clearance certificate

After completion, please email ghanabusinesscard@shoprite.co.za
Web: www.shoprite.co.za