

## **WE MAKE IT EASY!**

## **REGISTRATION OF DEALERS**

Dealersnip	litle
	Mr. Mrs. Miss.
Name	Surname
D No.	Tax No.
Bank	Physical Address
	Complex Name & No.
Branch	Street address
	Suburb
Account No.	City
	Code
Account Type	Postal Address
	P.O. Box
Account Holder	Suburb
	Code
Account Holder Relation	Cell No. Alternative No.
	E-mail
Consultant / Dealer	
gnature:	Date:DD/_MM/YYDD
	reby declare that the above account number is corre
lement of admin fee payable to me. ther irrevocably undertake to not hold ALJ brokers liable, shoul	d I not receive any admin fees paid to me due to prov
prrect banking details as per the information given above.	a motreceive any damin'ilees paid to me due to pro-
	Date DD / MM / WVDD
gnature:	Date: _DD / MM / YYDD
R OFFICE USE ONLY:	
new dealer registration will be done if the manager has not sign	gned the application, attached clear copy of ID and
firmation, i.e. XLD Cheque, letter, statement.	
dealer sales manager.	
gnature:	Date: DD / MM / YYDD
	, , , , , , , , , , , , , , , , , , , ,
OCESSED:	
No. (Allocated) (n/a)	
No. captured on: SS n/a	
nce DEP.	