

| COMPANY INFORMATION | | | |
|--------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------|-------------|
| COMPANY NAME | | | |
| TRADING NAME | | | |
| CIPC REG NO | | VAT NO | |
| PERIOD OF TRADING | | WEBSITE | |
| TRADING ADDRESS | | | |
| CITY | PROVINCE | | POSTAL CODE |
| Business Type: | | | |
| <input type="checkbox"/> Off site consumption Retail | | <input type="checkbox"/> On Site consumption Retail | |
| <input type="checkbox"/> on site consumption retail & restaurant | | <input type="checkbox"/> Open Kiosk | |
| COMPANY DIRECTOR (AUTHORISED) | | | |
| Surname | | First Name | |
| ID Passport No | | Title | |
| Address: | | | |
| | | | |
| CITY | PROVINCE | | POSTAL CODE |
| CELL NUMBER | COMPANY NO: | | |
| EMAIL | | | |
| STORE MANAGER | | | |
| Surname | | First Name | |
| ID Passport No | | Title | |
| Address: | | | |
| | | | |
| CITY | PROVINCE | | POSTAL CODE |
| CELL NUMBER | COMPANY NO: | | |
| EMAIL | | | |
| PRODUCT INFORMATION | | | |
| LIST OF PRODUCTS INTENDED TO SELL | | <input type="checkbox"/> Flower (Indoor / Greenhouse / Outdoor) | |
| <input type="checkbox"/> Pre-Rolls (Indoor / Greenhouse / Outdoor) | | <input type="checkbox"/> Food & Beverages | |
| <input type="checkbox"/> Concentrates/ Extracts | | <input type="checkbox"/> Vapes / Carts | |
| <input type="checkbox"/> Animal Range Products | | <input type="checkbox"/> Wellness Products | |
| <input type="checkbox"/> Medical / Traditional Remedies | | <input type="checkbox"/> Personal Care & Cosmetics | |
| <input type="checkbox"/> Hemp Products | | <input type="checkbox"/> Accessories & Merchandise | |
| | | <input type="checkbox"/> OTHER | |
| Specify: | | | |
| | | | |
| FINANCIAL INFORMATION | | | |
| ACC NAME | | | |
| ACC NUMBER | | BANK | |
| ACC TYPE | | BRANCH CODE | |
| DOCUMENTATION CHECKLIST | | | |
| <input type="checkbox"/> CIPC DOCS | <input type="checkbox"/> SIGNED DECLARATION | OFFICE USE ONLY | |
| <input type="checkbox"/> DIRECTOR ID | <input type="checkbox"/> MANAGER ID | <input type="checkbox"/> SIGNED SUPPLIER AGREEMENT | |
| <input type="checkbox"/> PROOF OF ADDRESS | <input type="checkbox"/> POLICE CLEARANCE AR | <input type="checkbox"/> SIGNED COMPANY POLICIES | |
| <input type="checkbox"/> VAT CERT (if Applicable) | <input type="checkbox"/> POLICE CLEARANCE DAR | <input type="checkbox"/> SIGNED DEBIT ORDER AUTHORISATION | |
| <input type="checkbox"/> BANK CONFIRMATION | | | |

This form and all supporting documents must be emailed to: affiliates@cannabiscf.org