



**NEW CLIENT REGISTRATION FORM
OR AMENDMENTS TO CLIENT INFORMATION**

CLIENT CODE

Company Name		Owner/Client (Full Names & Surname)	
Company Registration Number		Owner/Client ID Number <small>Copy of ID or Drivers Licence MUST be attached</small>	
Company VAT Number		Owner Cellular No	
e-mail Address (Accounts)		e-mail address (Sales)	
Accounts Telephone Number		Sales/Office Telephone No	
Nature/Type of Business			
Authorised Name of Person/s purchasing on behalf of the company/client			
Postal Address		Physical Address	
P O Box		Unit No	
Suburb		Street Name	
City		Suburb	
Postal Code		City	

CONSENT TO PROCESS PERSONAL INFORMATION

IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT, 4 OF 2013 (POPI)

1. I hereby give my consent to Dafron to collect, process and distribute my personal information where Dafron is legally required to do so.
2. I understand my right to privacy and the right to have my personal information processed in accordance with the conditions for the lawful processing of personal information.
3. I acknowledge that I understand the purposes for which my personal information is required and for which it will be used.
4. I hereby consent that I understand that third parties will have access to my personal information and I hereby consent to Dafron sharing my personal information strictly for the purposes of fulfilling the agreement in place.
5. I understand that, should I refuse to provide Dafron with the required consent and/or information, Dafron will be unable to assist me with the supply of the goods and/or rendering of the services.
6. I understand further, that all my personal information which I provide to Dafron will be held and/or stored securely for the purpose for which it was collected.
7. I declare that all my personal information supplied to Dafron is accurate, up-to-date, is not misleading and that it is complete in all respects.
8. I undertake to immediately advise Dafron of any changes to my Personal Information should any of these details change.

Name & Surname: _____ **Signature:** _____ **Date:** _____