

FOR OFFICIAL USE ONLY

FILE NUMBER:

INVOICE NUMBER WHOLESAL

INVOICE NUMBER

## E 888 CONSULTANTS

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### (WHOLESALE DATA VERIFICATION FORM)

#### INSTRUCTIONS:

Payment of our fees to prepare and submit the above application can be made as follows:

**E 888 Petroleum Consulting**  
**FNB Business: 622 383 82303**  
**Olympus branch: 258155**

**(Please fax this form and proof of payment to 0866 756 095 and kindly attach a copy of your electricity and water account).**

*Please note that the above amounts **exclude** any fees that the Department of Mineral and Energy Affairs might charge. At present the Department of Energy will require payment of R 1000, 00 for WHOLESAL LICENCES.*

Kindly read through the under mentioned and correct or complete where necessary.

**SECTION 1: GENERAL INFORMATION**

KINDLY ANSWER THE FOLLOWING QUESTIONS BY PLACING A CROSS (X) IN THE APPROPRIATE BLOCK:

1 ARE YOU PURCHASING AN EXISTING WHOLESALE OR BUILDING A NEW WHOLESALE?

**EXISTING**                      **NEW**

<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
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IF YOU ARE BUILDING A **NEW** WHOLESALE, KINDLY IGNORE SECTION 2 AND COMPLETE SECTION 3.  
IF YOU ARE PURCHASING AN **EXISTING** WHOLESALE, KINDLY COMPLETE BOTH SECTIONS 2 AND 3.

**SECTION 2 – EXISTING WHOLESALE (SELLER):**

TRADING NAME OF WHOLESALE:


FULL NAME AND REGISTRATION NO. OF COMPANY, CLOSE CORPORATION, TRUST, PARTNERSHIP OR SOLE PROPRIETOR:


DME REFERENCE NUMBERS

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FULL NAME OF MEMBER/DIRECTOR/INDIVIDUAL OF WHOLESALE AUTHORISED TO SIGN DOCUMENTATION:

TITLE:

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FAMILY NAME:

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FIRST NAME:

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IDENTITY NUMBER:

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TAX NUMBER:

--

VAT NUMBER:

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GENDER:

FEMALE                       MALE

BUSINESS TEL NO.:

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MOBILE PHONE NUMBER:

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BUSINESS FAX NO.:

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E-MAIL ADDRESS:

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POSTAL ADDRESS OF RETAILER:


POSTAL CODE:

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PHYSICAL ADDRESS OF RETAILER:


POSTAL CODE:

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**SECTION 3 – NEW WHOLESALER (PURCHASER):**

TRADING NAME OF WHOLESALER:


FULL NAME AND REGISTRATION NO. OF COMPANY, CLOSE CORPORATION, TRUST, PARTNERSHIP OR SOLE PROPRIETOR:


FULL NAME OF MEMBER/DIRECTOR/INDIVIDUAL OF RETAILER AUTHORISED TO SIGN DOCUMENTATION:

TITLE:

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FAMILY NAME:

--

FIRST NAME:

--

IDENTITY NUMBER:

--

TAX NUMBER:

--

VAT NUMBER:

--

GENDER:

FEMALE

MALE

BUSINESS TEL NO.:

--

--

MOBILE PHONE NUMBER:

--

BUSINESS FAX NO.:

--

--

E-MAIL ADDRESS:

--

POSTAL ADDRESS OF RETAILER:


POSTAL CODE:

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PHYSICAL ADDRESS OF RETAILER:


POSTAL CODE:

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WHAT ARE THE TWO MOST POPULAR NATIONAL NEWSPAPERS CIRCULATING IN THE AREA OF THIS WHOLESALING?

ENGLISH

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AFRIKAANS

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**SECTION 4 – LAND OWNER:**

**FULL NAME AND REGISTRATION NO. OF COMPANY, CLOSE CORPORATION, TRUST, PARTNERSHIP OR SOLE PROPRIETOR:**


**FULL NAME OF MEMBER/DIRECTOR/INDIVIDUAL OF RETAILER AUTHORISED TO SIGN DOCUMENTATION:**

**TITLE:**

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**FAMILY NAME:**

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**FIRST NAME:**

--

**IDENTITY NUMBER:**

--

**TAX NUMBER:**

--

**VAT NUMBER:**

--

**GENDER:**

FEMALE

MALE

**BUSINESS TEL NO.:**

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--

**MOBILE PHONE  
NUMBER:**

--

**BUSINESS FAX NO.:**

--

--

**E-MAIL ADDRESS:**

--

**POSTAL  
ADDRESS OF  
SITE OWNER:**

--

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**POSTAL CODE:**

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**PHYSICAL  
ADDRESS OF  
SITE OWNER:**

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**POSTAL CODE:**

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**SECTION 5 – PROPERTY (where wholesaling activities take place):**

PROPERTY DESCRIPTION (ERF / STAND NUMBER) Kindly attach a copy of the electricity and water account:

Portion _____ of Erf _____
of Township _____

**OR**

Portion _____ of the farm _____
Registration division _____

**PHYSICAL ADDRESS OF SITE (where retailing activities take place):**


**POSTAL CODE:**

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**BRAND NAME ON SITE:**

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**FUEL SUPPLIER:**

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**WHEN (WHAT YEAR) DID YOU START SELLING FUEL FROM THE PREMISES?**

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