

**APPLICATION FORM**

**(DISTRIBUTOR / WHOLESALER)**

First Name:

Reference #: [e.g. DIST001] (To be allocated by Mrs Bee.)

	DIST
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Last Name (Surname):

ID Number:

Your e-mail:

Your contact number:

Your website:

Your Company name:

Your Company Registration Number:

Your VAT number:



Your physical address: (For delivery)


Why do you want to join Mrs Bee as a wholesaler / distributor?


I have read and agree to the distributor / wholesaler - terms and conditions of purchase and sale.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**POPIA DISCLAIMER:** We comply with the Protection of Personal Information Act 4 of 2013 (“POPI”) and have adopted a policy to this effect, which is available on request.

Data Subjects who submit their personal information to us consent to and agree that their personal information may be recorded and processed by us in executing day-to-day firm activities and functions to provide integrated administrative functions and services.

Data Subjects submitting personal information confirm that they are aware of their rights, such as the right that their personal information be amended or removed from our records at any time.

\_\_\_\_\_  
For Mrs Bee - Approved by: (Full Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

