



APPLICATION FOR A SAMRO LICENCE

LICENCE TYPE: T 2

(Note: Please take note that you are obliged to keep SAMRO updated in respect of any changes to your information)

1. MAIN LICENSEE DETAILS:

(Note: Head Office)

Business Name:	
Company Registration No.:	
Vat Registration No.:	
Identity No: <i>(Note: If a natural person, Partner or Sole Proprietor)</i>	

2. BUSINESS TYPE:

(Note: Please cross the relevant box)

Private Company	
Public Listed Company	
Trust	
Sole Proprietor (one person business)	
Organ of State	
Partnership	
NGO	
Other (specify):	

3. CONTACT DETAILS:

Authorised Representative Name:	
Authorised Representative Designation:	
Business E-mail Address:	
Business Telephone No.:	
Business Fax No.:	
Physical Address:	
Building/floor:	
Street & No.:	
Suburb:	
City/Town:	
Province:	
Postal Code:	
Postal Address:	
Postal code:	
Website:	

5. LICENCE CONDITIONS:

BY SIGNING THIS APPLICATION FORM YOU ACKNOWLEDGE, CONFIRM AND WARRANT THE FOLLOWING:

- 5.1 That you are duly authorised to sign this application form;
- 5.2 That you have the required legal status to sign this application form;
- 5.3 You have been provided with a copy of the Licence Conditions for an T 2 Licence;
- 5.4 You have had sufficient time to peruse these Licence Conditions before signing this Application at your volition;
- 5.5 You are aware of the stipulations contained the Licence Conditions for an T 2 Licence;
- 5.6 You are fully aware of any exemptions, limitations of liability or acknowledgements or warranties made or contained in the Licence Conditions;
- 5.7 You understand these Licence Conditions; and
- 5.8 You agree and bind yourself to these Licence Conditions.

6. SIGNATURE OF AUTHORISED SIGNATORY:

(Note: If you are representing a company, trust, partnership you must be a Director/Owner/Proprietor/Member or be duly authorised by a resolution of the company to sign on behalf of the company, trust or partnership, in which event the resolution must be provided)

Print Name: _____ **Signature:** _____

Designation: _____ **Date:** _____

OFFICE USE					
No Prem	<input style="width: 80%;" type="text"/>	Date from	<input style="width: 95%;" type="text"/>	Level	<input style="width: 98%;" type="text"/>
Tariff	<input style="width: 80%;" type="text"/>	MUS	<input style="width: 95%;" type="text"/>	Agt	<input style="width: 98%;" type="text"/>
Org	<input style="width: 80%;" type="text"/>	Estbl	<input style="width: 95%;" type="text"/>	Area	<input style="width: 98%;" type="text"/>
Agt	<input style="width: 80%;" type="text"/>			Ins	<input style="width: 98%;" type="text"/>
Lyr	<input style="width: 80%;" type="text"/>	BS Num	<input style="width: 100%;" type="text"/>		
Licence period (Quarterly , 6Mths, Annual)			<input style="width: 100%;" type="text"/>		