



Economic Development and Spatial Planning Department

Fresh Produce Market Division

Market Management Building | 450 President Burgers Street | Pretoria West |
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Document Number: _____

ACCOUNT REGISTRATION

Credit Account	Secure cash Account
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Buyer Number: _____

Trade name: _____

Applicant

Title

Mr	Ms	Mrs	Dr	Prof
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Initials: _____

First Name: _____

Second Name: _____

Surname: _____

Gender:

Male		Female	
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ID Number: _____

Preferred language: _____

Disabilities:

Yes		No	
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If yes, please specify: _____

Contact number: _____

Fax: _____

Email address: _____

Residential address: _____

Business address: _____

Postal Address: _____

Additional accounts held at the market:

Tenant Account Number: _____

Cold room Account number: _____

NAMES AND ADDRESSES OF PERSONS AUTHORISED BY YOU TO PURCHASE ON YOUR DEPOSIT ACCOUNT AT THE FRESH PRODUCE MARKET (SUB BUYERS):

NAME	ID NUMBER	SUB NUMBER	SIGNATURE

State when statement is required.

Daily	Weekly	Fortnightly	Monthly
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Purchase pin required.

Yes	No
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Kindly indicate the sector of your business:

1. Informal Trader	2. Retailer	3. Wholesaler	4. Contract Buyer
5. Chain store	6. Processor	7. Packer	

BEE Status: _____ Percentage BEE shareholding: _____

INDEMINITY AGREEMENT

Applicant: _____ Buyer Number: _____

WHERE AS I _____ will be a tag holder in the business of and for the benefit of the City of Tshwane as provided for on the application form which I have duly signed.

AND WHEREAS I _____ am aware of the potential dangers associated with being a tag holder as same might become the subject of fraudulent use, loss or damage.

DO HEREBY indemnify and save harmless the City of Tshwane or any of its employees from and against any and all claims, demands, actions, suites, costs, damages and liabilities whatsoever which the City of Tshwane may be liable to or for, as a result from this application, the use of the cash tag system or loss of the cash tag, irrespective of whether such claim may arise from a negligent act or omission on the part of the City of Tshwane Metropolitan Municipality, its employees or agents. I further, waive any right I may have to institute any such claim against the City of Tshwane Metropolitan Municipality.

I accept full responsibility for purchases made on sub-buyers tags issued at my request.

SIGNED at _____ on this _____ day

of _____ 20 _____ the deponent having acknowledge that he/she knows and fully understands the contents of this Affidavit

SIGNATURE: _____

DATE: _____

APPROVED BY CHIEF CASHIER: _____

DATE: _____

REVIEWD BY _____

DATE: _____