

application for Membership



The Creditors Protection Association incorporating Pharmaceutical Credit Management Association.

(Association Incorporated under section 21) Reg No. 1960/000958/08

Web: www.tcpa.co.za

NAME OF COMPANY OR BUSINESS:

COMPANY REG NO.

TYPE OF BUSINESS:

POSTAL ADDRESS:

TEL:

FAX:

VAT REGISTRATION NUMBER:

EMAIL ADDRESS:

NAME/S OF REPRESENTATIVES:

1.

2.

I / we undersigned, hereby apply for membership of The Creditors' Protection Association.

I / we hereby agree to abide by the rules of the Association and any amendments thereto which may come into force from time to time.

I / we undertake to provide such other information as may be required by the Association.

DATE

NAME

SIGNATURE

DESIGNATION