



# CUSTOMER REGISTRATION FORM

Kindly tick the preferred Service Area/s below.

DOMESTIC AREA ONLY

INTERNATIONAL AREA ONLY

BOTH DOM & INTL.AREAS

## Customer Information

Name of the Customer /Company:			
Division/Section			
Cost Center / Registration Number			
Vat No: (If Applicable):			
Physical Address:		Billing Address:	
Supply Chain/ Procurement Manager / Buyer	Full Names:		
	Surname:		
	Phone No:		
	E-mail:		
Contract/Operations/Logistics Manager <i>(Responsible for adding and deleting users.)</i>	Full Names:		
	Surname:		
	Phone No:		
	E-mail:		
Invoicing Cycle:	7 Days <input type="checkbox"/>	15 Days <input type="checkbox"/>	30 Days <input type="checkbox"/>
Invoicing Format:	Consolidated <input type="checkbox"/>	Per Waybill / Transaction <input type="checkbox"/>	
Invoice Submission:	Couriered <input type="checkbox"/>	E-Mail <input type="checkbox"/>	Online <input type="checkbox"/>
POD Submission:	Couriered <input type="checkbox"/>	E-Mail <input type="checkbox"/>	Online <input type="checkbox"/>

### SPECIAL REQUIREMENTS

### For international Use Only (Applicable Incoterms)

DDU     DDP     CIF     EX Works     FOB     CFR   
 DAP     CIP     RoRo

E-Signature

All services are subject to the Standard Terms and Conditions of Madibana SA, as amended from time to time.

Kindly [Click here](#) to read our Standard Terms and Conditions of Carriage.

For POPI ACT, kindly [Click here](#).

Submit

or

Print, Sign and Scan back.

Printed and scanned documents must be sent to [csd@madibana.com](mailto:csd@madibana.com)

