

SERVICE PROVIDER REGISTRATION

These are downloadable documents and can be ELECTRONICALLY edited afterwards



| | | | |
|-----------------------------|--|------|--|
| REGISTERED NAME OF BUSINESS | | | |
| TRADING NAME OF BUSINESS | | | |
| POSTAL ADDRESS | | | |
| | | | |
| | | | |
| | | CODE | |
| PHYSICAL ADDRESS | | | |
| | | | |
| | | | |
| | | CODE | |
| VAT NUMBER | | | |

Are you a Licensed Remover of Goods in Bond Haulier?

Yes

No

Please mark the appropriate with an "X"

| | |
|---------------------|--|
| RIB LICENSED NUMBER | |
| WEBSITE ADDRESS | |

OWNER / DIRECTOR / MEMBER DETAILS

| NAME | ID | ADDRESS |
|------|----|---------|
| | | |
| | | |
| | | |
| | | |

INITIAL
HERE

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Beyond Carriers (Pty) Ltd | Reg No.2015/384622/07 • VAT No: 4220252268 | RIB Licence: 20788406 • Director: RD Morillion

Contact Details: +27 (0)21 979 4173 | Fax: +27 (0)21 976 6337 | info@beyondcarriers.co.za | www.beyondcarriers.co.za

Head Office: Monaco Square, Unit 7, 14 Church Street, Durbanville 7550, Western Cape, South Africa

Johannesburg Depot: Unit 5, Trojan Truck Systems, 25 Main Rd, Anderbolt, Boksburg 1459, Gauteng, South Africa

All business is undertaken according to our Standard Conditions of Carriage of Goods by Road

CONTACT NUMBERS

| | | |
|----------------------|----------------------|--|
| MANAGER | TEL.NO. | |
| | FAX.NO. | |
| | AFTER HOURS CELL NO. | |
| | EMAIL | |
| | CONTACT PERSON | |
| OPERATIONS | TEL.NO. | |
| | FAX.NO. | |
| | AFTER HOURS CELL NO. | |
| | EMAIL | |
| | CONTACT PERSON | |
| ACCOUNTS | TEL.NO. | |
| | FAX.NO. | |
| | EMAIL | |
| | CONTACT PERSON | |
| YOUR BANKING DETAILS | ACCOUNT HOLDER | |
| | BANK | |
| | BRANCH | |
| | BRANCH CODE | |
| | ACCOUNT NUMBER | |
| | TYPE ACCOUNT | |

PLEASE NOTE

Our accounts close on the 20th of every month. Please ensure that all P.O.D's, Invoices and statements reach us before or on the 20th of the month. Any documents arriving after this date will be processed for payment the following month. Kindly quote our order number on each invoice. Your co-operation and assistance with the above mentioned would be most appreciated.

INITIAL
HERE

CONFIRMATION OF GIT INSURANCE

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INSURANCE BROKER

| | |
|-----------|--|
| NAME | |
| TELEPHONE | |
| FAX | |
| EMAIL | |

INSURANCE COMPANY POLICY

| | |
|--------|--|
| NAME | |
| NUMBER | |

COVER Please mark the appropriate with an "X"

| | | | |
|--|--|-----------------------|--|
| Fire, Collision and Overturning With theft and hijack cover | | All Risks | |
| Fire, Collision and Overturning only | | Excess buy back cover | |

| | | |
|---------------------------------|-----|----|
| SASRIA (STRIKES) COVER On Cargo | Yes | No |
|---------------------------------|-----|----|

Please mark the appropriate with an "X"

| | | |
|--|-----|----|
| Do you have adequate GIT Insurance Across the borders of South Africa? | Yes | No |
|--|-----|----|

Please mark the appropriate with an "X"

TAKE NOTE: The vehicles which will be used for the carriage of the cargo, must have Third Party Liability Cover.

I, (Owner / Member/ Director/ Manager),
on behalf of (Sub-Contractor – Transporter) confirm that the
above information is True and correct.

SIGNATURE of Transporter

PRINT NAME

DATE

Please attach copies of the following documentation along with your application:

1. GIT and policy
2. Cancelled Cheque
3. Company Registration Doc
4. VAT Certificate / Tax Clearance Certificate

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