

NEW MEMBER REGISTRATION FORM

Please submit the completed registration form with proof of payment to info@fpia.co.za

| 1. Company details | |
|--------------------------|--|
| Name of Company (Member) | |
| ♦1D M | |
| *ID Number | |
| Postal Address | |
| | |
| G | |
| Company website (s) | |
| | |
| Contact norsen 1 | |
| Contact person 1 | |
| Name | |
| Telephone number | |
| Mobile number | |
| Fax number | |
| E-mail address | |
| | |
| | |
| Contact person 2 | |
| Name | |
| Telephone number | |
| Mobile number | |
| Fax number | |
| E-mail address | |

2. Please list priority markets (country and commodity) new and existing:

| | Focus (tick pl | |
|---|----------------|--|
| b-tropical fruit and nuts | | |
| trus fruit | | |
| eciduous fruit and table grapes | | |
| nnana fruit her Fruit and Berries | <u> </u> | |
| egetables | - | |
| opagation material | | |
| | | |
| iiit and vegetables for processing | | |
| iit and vegetables for processing | | |
| uit and vegetables for processing | | |
| uit and vegetables for processing4. Please confirm by means of s | signature: | |
| | | |

^{*} ID required only in case of an individual or provide documents of incorporation in case of legal entities

Date: _____