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DEALER APPLICATION FORM

Applicant Information

Full Name: _____ Date: _____
First Last

Address: _____
Street Address

City/Town/Village

Province

Phone: _____ Email: _____

Nationality: _____ ID No.: _____ Race: _____

Position Applied for _____

Marketing Dealer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Technical Support	<input type="checkbox"/>	<input type="checkbox"/>	Where did you hear about us?	_____	
Tenders	<input type="checkbox"/>	<input type="checkbox"/>			

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Matric: _____

Banking Details

Bank: _____ Branch: _____ Code: _____

Account Number: _____ Type of Account: _____

This information will be stored safely In compliance with the POPI Act and is only required for commission payments

Disclaimer and Signature

Icertify that my answers are true and complete to the best of my knowledge. I recognize, understand, and adhere to the moral and ethical standards of South Bison Office Automation and further declare that I do not have a criminal record or judgments against me. I agree to comply with the organizations moral and ethical business practices which include zero tolerance to bribery, corruption, theft, dishonestly and breach of confidential business information. I Do declare that the above statements are factual and true. I understand that false or misleading information in my application or interview may result in my release

Applicant signature: _____

Training Executive Approval: _____