

Distell Bottle and Crate Dealer Application Form

Section A: To be completed by the Vendor

Name of legal entity / Bottle dealer	
Trading (As is) Name	
Legal Entity Registration Nr	
Street Address	
Street Name & Number	
City	
Postal Code	
Province	
Country	
P.O. Box	
City	
Postal Code	
Telephone Number	
Email Address	
Website	
ID Number (Please include copy of ID)	
VAT Registration Nr (Please include copy of VAT Registration certificate)	

Bank details

Bank Name		
Bank Account Nr		
Type of bank account	Cheque Account	
	Transmission Account	
	Savings Account	
Certificate by your bank that the above details are correct OR Bank Stamp	BANK DATE STAMP	

I hereby confirm that the information on this application is accurate and correct

Signature:		Date:	
Signed by:		Position:	

Additional Information

Distell contact details:

Customer Interaction Centre contact number	0860 448 377
Whatsapp nr for proof of payments	072 662 4582
Email Address to be used for this application	cic@distell.co.za

Please send this application to cic@distell.co.za together with the following documents:

1. Copy of your ID
2. Certificate by your bank that the above banking details are correct OR Bank Stamp