



SUBARU

Confidence in Motion

APPLICATION FOR APPROVAL 2018

APPLICANT DETAILS:

Registered Name:

Trading Name:

Physical Address:

Postal Address:

Telephone Number:

Fax Number:

Contact Person:

E-mail:

VAT Reg. #:

OWNERS DETAILS:

Owner's Name:

Cell Number:

E-mail:

DEALER INFORMATION

WHICH SUBARU DEALERSHIP DO YOU PURCHASE PARTS FROM?

Dealer Name:

Area

Contact Person:

E-mail Address:

OTHER APPROVALS HELD BY YOUR COMPANY:



SUBARU
Confidence in Motion

RATIONALISATION

Number of Subaru vehicles repaired by you within the last 12 months: _____

PLEASE PROVIDE MOTIVATION AS TO WHY YOU WISH TO OBTAIN SUBARU APPROVAL:

DATE COMPLETED: _____

PLEASE NOTE: The consideration of your application for Subaru Southern Africa Approved Body Repair Centre Approval and any subsequent appointment following an official audit is at the sole discretion of Subaru Southern Africa.

Please return to candice@automx.co.za