



**Approved Body
Repair Centre**

APPLICATION FOR APPROVAL

COMPANY NAME:	
TRADING NAME:	
COMPANY REGISTRATION NUMBER:	
COMPANY VAT NUMBER:	

BBBEE STATUS (Level & % Please)	
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PHYSICAL ADDRESS:			POSTAL CODE:	

POSTAL ADDRESS:			POSTAL CODE:	

TELEPHONE NUMBER:		FAX NUMBER:	
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MOBILE NUMBER:		E-MAIL ADDRESS:	
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PLEASE LIST ALL THE OTHER MANUFACTURER APPROVALS THAT YOU HAVE	1		7	
	2		8	
	3		9	
	4		10	
	5		11	
	6		12	

OWNER NAME:		SIGNATURE:	
OWNER ID NUMBER:			

MANAGER NAME:	
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PLEASE LIST FORD DEALERS YOU PURCHASE PARTS FROM CURRENTLY

FORD DEALERSHIP	1		FORD DEALERSHIP	9	
FORD DEALERSHIP	2		FORD DEALERSHIP	10	
FORD DEALERSHIP	3		FORD DEALERSHIP	11	
FORD DEALERSHIP	4		FORD DEALERSHIP	12	
FORD DEALERSHIP	5		FORD DEALERSHIP	13	
FORD DEALERSHIP	6		FORD DEALERSHIP	14	
FORD DEALERSHIP	7		FORD DEALERSHIP	15	
FORD DEALERSHIP	8		FORD DEALERSHIP	16	

CURRENT AVERAGE MONTHLY TOTAL OF FORD PARTS PURCHASES:		R
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IMPORTANT:
-> ENSURE A COPY OF YOUR BBBEE CERTIFICATE IS INCLUDED

ADDRESS APPLICATION TO FORD ABRC PROGRAM

E-MAIL	candice@automx.co.za & hesta@automx.co.za
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By my signature above,
I hereby give Ford Motor Company and/or its duly appointed agent the authority to carry out a credit investigation on my company and its member/s recognising that this is a pre-requisite for considering this application and will be done in the strictest confidentiality.

Date