



APPROVED SPEED SHOP PROGRAM - APPLICATION FORM

APPLICANT DETAILS:

Company Name: _____

Trading Name: _____

Physical Address: _____

Postal Address: _____

Telephone Number: _____

Fax Number: _____

VAT Reg. #: _____

Contact Name: _____

E-mail: _____

BBBEE **YES:** **NO:**

BBBEE Status Level

OWNERS DETAILS:

Owner's Name: _____

Cell Number: _____

E-mail: _____

Signature: _____

Date: _____

Nearest GWM SA Dealer

OTHER APPROVALS:

PLEASE NOTE: The acceptance of this application for Haval SA Collision Repairer Approval status and any subsequent appointment, following an official audit, is at the sole discretion of Haval Motors S.A. (Pty) Ltd.