



# APPROVED BODY REPAIRER PROGRAMME

## APPLICATION FOR APPROVAL

COMPANY NAME: \_\_\_\_\_

COMPANY TRADING NAME: \_\_\_\_\_

VAT REG. NO.: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ CODE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

OTHER APPROVALS: \_\_\_\_\_

NEAREST MITSUBISHI DEALER: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

KINDLY RETURN VIA FAX TO AUTOMATRIX ON: 086 519 9323  
OR E-MAIL TO: [neal@automx.co.za](mailto:neal@automx.co.za)