



APPROVED SPEED SHOP PROGRAMME

APPLICATION FOR APPROVAL

REGISTERED COMPANY NAME:

COMPANY TRADING NAME:

CONTACT PERSON:

E-MAIL ADDRESS:

OWNER NAME:

OWNER E-MAIL ADDRESS:

PHYSICAL ADDRESS:

TOWN / CITY:

POSTAL ADDRESS:

**POSTAL
CODE:**

TELEPHONE NUMBER:

()

FACSIMILE NUMBER:

()

BBBEE LEVEL:

**%
ACHIEVED:**

VAT REGISTRATION NUMBER:

OTHER APPROVALS:

MAIN INSURERS (LIST):

**NOMINATING RENAULT
DEALER:**

DATE COMPLETED:

KINDLY RETURN VIA E-MAIL TO: oliviaj@renault.co.za and neal@automx.co.za