



## APPROVED BODY & PAINT SHOP PROGRAMME APPLICATION FOR APPROVAL

REGISTERED COMPANY NAME:

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COMPANY TRADING NAME:

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CONTACT PERSON:

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E-MAIL ADDRESS:

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OWNER NAME:

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OWNER E-MAIL ADDRESS:

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PHYSICAL ADDRESS:

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TOWN / CITY:

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POSTAL ADDRESS:

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POSTAL  
CODE:

TELEPHONE NUMBER:

(       )

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FACSIMILE NUMBER:

(       )

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BBBEE LEVEL:

%  
ACHIEVED:

VAT REGISTRATION NUMBER:

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OTHER APPROVALS:

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MAIN INSURERS (LIST):

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NOMINATING RENAULT  
DEALER:

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DATE COMPLETED:

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KINDLY RETURN VIA E-MAIL TO: [oliviaj@renault.co.za](mailto:oliviaj@renault.co.za) and [neal@automx.co.za](mailto:neal@automx.co.za)