



APPROVED BODY & PAINT 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:

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BBBEE LEVEL:

%
ACHIEVED:

VAT REGISTRATION NUMBER:

OTHER APPROVALS:

MAIN INSURERS (LIST):

NOMINATING RENAULT
DEALER:

DATE COMPLETED:

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