



**APPROVED COLLISION REPAIRER 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 Haval SA Dealer**

**DATE COMPLETED:**

*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.*

Please return to [candice@automx.co.za](mailto:candice@automx.co.za)