

CHG FUNCTION HIRE

Client Information Sheet

Date:		Vat Number:									
Surname / Company Name:											
If Individual - First Name/s:											
Physical Address:											
		Code:									
Postal Address:	<i>(if different from Physical Address)</i>										
		Code:									
Please Note: At least 2 contactable telephone numbers need to be provided- one must be a land line.											
Home Phone:		Work Phone:									
Cell Phone:		Fax Number:									
Alternative Phone Number and person's name:											
If Company – Company Registration No:											
If Individual – ID or Passport No:		Country:									
E-Mail Address:											
Employer – Company Name & Address:											
Responsible Person (Name & Surname):											
If Company – Do you utilise Order Numbers? – <i>(please tick one)</i>		YES	NO								
Would you like to receive promotional material via e-mail (new product information, etc.)?		YES	NO								
How did you hear about CHG Function Hire – <i>(please tick one)</i>	Internet	Referral	Advert	Other							
PLEASE NOTE: THE FOLLOWING IS STRICTLY REQUIRED TO ENABLE YOU TO MAKE USE OF OUR SERVICES:											
Individuals - Positive ID (Driver's License, Green ID Book or Passport) and Proof of Residence (Water & Lights Account) and at least two contactable trade references: (e.g. store accounts)											
Companies – Copy of registration documentation, Vat Certificate and at least two contactable trade references:											
<u>Trade References:</u>											
1:		Account No / Tel No:									
2:		Account No / Tel No:									
By signing below, I hereby certify that the above information is true and accurate to the best of my knowledge. I also certify that I am duly authorised to sign.											
Name:	_____	Signature	_____	Date:	_____						

****Please send completed form together with required documentation to info@chg.co.za**

NOTE: ALL INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL – IT IS NEVER SHARED OR SOLD