

Macufe Art and Craft Market Application Form 2015 02/10/2015 to 10/10/2015



SECTION A: CONTACT DETAILS COMPANY NAME COMPANY REGISTRATION NUMBER POSTAL ADDRESS PHYSICAL ADDRESS **PROVINCE** WEBSITE **EMAIL ADDRESS** TEL NO FAX NO CELL NO **CONTACT PERSON** ALTERNATIVE CONTACT NAME **CELL NO** SECTION B: EXHIBITOR STAND DETAILS STAND HOLDER (TICK ONE) **SPONSORED** PROJECT / COMPANY **INDIVIDUAL** NAME OF PROVINCE / COUNTRY / F.S. DISTRICT Number of Stall required EXHIBITION CATEGORIES (Tick categories in which you will be exhibiting) HOME WARE COLLECTABLES FASHION+ DESIGN JEWELLERY + ACCESSORIES

NOVELTIES & GIFTS

CURIOS

Other



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SECTION C: ADDITIONAL INFORMATION

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1. Have you exhibited at Macufe?	Yes		No.	
If yes, which year(s)?				
2. Have you exhibited at any other National Exhibitions?	Yes		No	
If yes, which exhibitions and when?	*			
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3. Have you exhibited at any other International Exhibitions?	Yes		No	
If Yes, which exhibitions and when?				<u> </u>
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4. Will you be bringing own marketing material	Yes	e fa	No	
4. Will you be bringing own marketing material	Tes		INO	
ie de la companya de				
If yes, which ones? e.g banner/pamphlets/catalogues				*
			5 2	
10. Describe how you exhibit your products below (the design of your	stall)			
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14. Please supply description of your products:	
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SECTION D: APPLICAN	TS SIGNATURE
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SECTION D: APPLICAN Signature	TS SIGNATURE
	TS SIGNATURE
Signature	TS SIGNATURE
Signature Signature on behalf of, and as surety and co-principal debtor	TS SIGNATURE
Signature Signature on behalf of, and as surety and co-principal debtor Name of Signatory	TS SIGNATURE

DUE DATE FOR PAYMENTS 25 SEPTEMBER 2015

Please return this application form to:

FAX 0866674050
Tel: 051 407 2926 / 076 028 6693 / 076 847 5331

Email: pholog@sacr.fs.gov.za/sacrnomsa@gmail.com