



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	1.
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	<input type="checkbox"/>	COLLECTABLES	<input type="checkbox"/>
FASHION+ DESIGN	<input type="checkbox"/>	JEWELLERY + ACCESSORIES	<input type="checkbox"/>
CURIOS	<input type="checkbox"/>	NOVELTIES & GIFTS	<input type="checkbox"/>
Other	<input type="text"/>		

SECTION C: ADDITIONAL INFORMATION

1. Have you exhibited at Macufe?	Yes		No	
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If yes, which year(s)?

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2. Have you exhibited at any other National Exhibitions?	Yes		No	
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If yes, which exhibitions and when?

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3. Have you exhibited at any other International Exhibitions?	Yes		No	
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If Yes, which exhibitions and when?

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4. Will you be bringing own marketing material	Yes		No	
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If yes, which ones? e.g *banner / pamphlets / catalogues*

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10. Describe how you exhibit your products below (the design of your stall)

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14. Please supply description of your products:

SECTION D: APPLICANTS SIGNATURE

Signature	
Signature on behalf of, and as surety and co-principal debtor	
Name of Signatory	
Designation	
Cell contact nr	
Date	

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