



## REGISTRATION FORM

TO REGISTER AS A DIRECTLY AFFECTED GROUP IN TERMS OF SECTION 20 OF THE  
MARKETING OF AGRICULTURAL PRODUCTS ACT (ACT NO. 47 OF 1996)

**NAME OF GROUP:** \_\_\_\_\_

**POSTAL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TEL:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**WEBSITE ADDRESS:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**TO BE REGISTERED FOR THE FOLLOWING AGRICULTURAL PRODUCTS:**

PRODUCT	PRODUCTION/TURNOVER

**CATEGORY (please mark with a "X")**

PRODUCER		LOCAL TRADER/DEALER	
PROCESSOR		IMPORTER	
EXPORTERS		BROKER	
LABOUR		CONSUMER	
OTHER (Please specify)			