

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) | | | |