



FRA MEMBERSHIP APPLICATION - JULY 2022 – JUNE 2023

SERVICE STATION NAME: _____

REGISTERED / TRADING AS: _____

MIBCO No: _____ SDL (SKILLS DEVELOPMENT LEVY No) _____

SITE TYPE: COMPANY OWNED _____ DEALER OWNED _____ THIRD PARTY OWNED _____ NUMBER OF SITES _____

CONTACT NAME: _____ TELEPHONE No: _____

OWNER DEALER MANAGER FAX No: _____

CELLPHONE No: (1) _____ (2) _____

EMAIL: (1) _____ (2) _____

PHYSICAL ADDRESS: _____

POSTAL CODE: _____

POSTAL ADDRESS: _____

POSTAL CODE: _____

MAGISTERIAL DISTRICT:

EASTERN CAPE _____ FREE STATE _____
GAUTENG _____ KZN _____
MPUMALANGA _____ LIMPOPO _____
NORTH WEST _____ NORTHERN CAPE _____
WESTERN CAPE _____

OIL COMPANY:

AFRICA OIL _____ BP _____
CALTEX _____ ENGEN _____
EXEL _____ SASOL _____
SHELL _____ TEPCO _____
TOTAL _____ ZENEX _____
OTHER _____

PAYMENT METHOD

DEBIT ORDER

R522 (INCL.) PER MONTH ** [Fees subject to annual change]

(MULTIPLE SITES – EXCLUDING 1ST SITE): R525 EACH (INCL.) - ANNUAL FEE

PLEASE COMPLETE THE FOLLOWING BANK DETAILS AND SIGN FOR AUTHORISATION: (THE DEBIT ORDER RUN IS USUALLY DONE ON THE 21ST OF EACH MONTH)

BANK NAME: _____ ACCOUNT NUMBER: _____

BRANCH CODE: _____ ACCOUNT TYPE: _____
(I.E. CHEQUE, SAVINGS)

VAT NUMBER: _____ **[PLEASE PROVIDE THIS FOR INVOICING PURPOSES]**

Abbreviated name as registered with the Acquiring Bank - FUELRETAIL

CANCELLATION

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

ASSIGNMENT

I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party

AUTHORISED SIGNATURE _____

MEMBERSHIP NUMBER: _____ SALES REP: _____

PMailer: _____ WinSMS: _____ DATE LOADED ONTO DATABASE / DEBIT ORDER: _____

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