

COD APPLICATION

Registered Name of Business	
Trading As	
Company Registration No.	
Vat Registration No.	
Registered Office Address	
Nature of Business	
Physical Address	
Postal Address	
Persons Responsible for Orders	
Email Address	
Website Address	
Tel No.	
Fax No.	
Cell No.	

Details of Owners\Partners\Members\Directors (Attach Copy of ID & Company Reg & Vat Reg)

NAME AND SURNAME	I.D NUMBER	RESIDENTIAL ADDRESS	TELEPHONE NOS

PERSONAL INFORMATION CONSENT FORM

The purpose of this form is for Park Avenue Stationers cc to maintain, collect, store and share information of its Employee, Customers, Clients and Contractors.

I _____, hereby authorise to collect, store and use my personal information, as may be required in terms of the Protection of Personal Information Act 4 of 2013. I understand that the company is accessing information from me in line with POPI (Protection of Personal Information Act, 4 of 2013). I understand that I may withdraw my consent as referred to in subsection (1)(a), at any time: provided that the lawfulness of the processing of personal information before such withdrawal or the processing of personal information in terms of subsection (1)(b) to (f) will not be affected. I understand that I may request the responsible party to make corrections or delete personal information in terms of subsection(1)(a), when information is inaccurate, irrelevant, excessive, misleading or obtained unlawfully.

Dated at _____ on this the _____ day of 20_____

Signature