



APPLICATION FORM

COMPANY/PARTNERSHIP NAME:	PHYSICAL ADDRESS:
TRADING NAME (T/A):	POSTAL ADDRESS:
MANAGING DIRECTOR/PARTNER:	POSTAL AREA/POST OFFICE
ID PARTICULARS:	CITY**:
SECOND DIRECTOR/PARTNER:	NATURE OF BUSINESS:
ID PARTICULARES	EMAIL ADDRESS**:
COMPANY REGISTRATION NUMBER:	TELEPHONE:
ZIMRA BP NUMBER:	FAX:
VAT NUMBER:	

REMARKS: PLEASE INDICATE YOUR PRESENT REASON FOR WISHING TO UTILISE THE BUREAU:

I AGREE THE CONTENTS OF THIS FORM ARE TRUE AND CORRECT

*Please note that certain fields indicated '**' are mandatory and must be completed for the forms to be accepted*