

Physical Address

 No 106, 16th Road
 Midrand 1686

Postal Address

Private Bag X8, Wendywood 2144

Telephone: +27 11 719 9111

Toll Free: +27 800 111 796

Facsimile: +27 11 719 9031 / 0865109756

Email: Tharina.Roos@henryschein.co.za

Registration Number: 1973/016918/07

Vat Number: 4420107544

CASH ACCOUNT APPLICATION

Henry Schein Dental Warehouse complies with Protection of personal Information Act 04 of 2013 ("POPI"). The information is collected in for purposes of processing the sale and supply of specified products as ordered and will be kept securely and confidentially for the duration of the contract, or for as long as required by applicable law. You may contact our information office in relation to the retention of your information on Charles.Mandienga@henryschein.co.za

PLEASE ATTACH <u>CERTIFIED COPIES</u> OF THE FOLLOWING DOCUMENTS TO THIS APPLICATION		TICK
COMPANIES	Certificate of incorporation (CM1) / Registration certificate (CoR 14.3)	
	Certificate to commence business (CM46) (if applicable)	
	VAT registration certificate	
	List of directors (CM29) / Register of directors	
	ID Copies of directors	
	Registration certificate with the SA/Foreign Medical and Dental Council / Pharmacy council if applicable	
PARTNERSHIPS & INDIVIDUALS	Written consent of spouse if married in community of property	
	ID Copy of each partner/individual	
	VAT registration certificate	
	Registration certificate with the Medical and Dental Council / Pharmacy council if applicable	
TRUSTS	Resolution of the board of trustees consenting to this application and authorising the signatory/ies to sign on trust's behalf	
	VAT registration certificate	
	ID COPY	
	Trust deed and any amendments thereof	
	Latest Letters of Authority issued by the Master of the High Court	
	Registration certificate with the SA/Foreign Medical and Dental Council / Pharmacy council if applicable	

TYPE OF BUSINESS			
<input type="checkbox"/> Dentist	<input type="checkbox"/> Therapist	<input type="checkbox"/> Prosthodontist	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Lab	<input type="checkbox"/> Hospital	<input type="checkbox"/> Oral hygienist	<input type="checkbox"/> Other

Initial Here

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1. FULL NAMES:
2. NAME OF COMPANY:.....
3. ID NO.: HPCSA No.:
4. COMPANY REGISTRATION NO:.....
5. TELEPHONE NO.: Code -
6. CELL NO.:
7. EMAIL ADDRESS:
8. DATE PRACTICE/BUSINESS ESTABLISHED.:
9. VAT REGISTRATION NO.:
10. TYPE OF BUSINESS: *(Please mark with X)* SOLE PROPRIETOR PARTNERSHIP
11. POSTAL ADDRESS:
.....POSTAL CODE:
12. DELIVERY ADDRESS:
13. PERSON RESPONSIBLE PAYING THE ACCOUNT:.....
14. EMAIL ADDRESS
15. TELEPHONE NUMBER:.....
CELL NUMBER:.....

SIGNED at on this day of 20.....

For our standard terms and conditions please visit our website:

<https://www.dentalwarehouse.co.za/terms-and-conditions-of-sale>

Initial Here

FORM 4

APPLICATION FOR THE CONSENT OF A DATA SUBJECT FOR THE PROCESSING OF PERSONAL INFORMATION OF DIRECT MARKETING IN TERMS OF SECTION 69 (2) OF THE PROTECTION OF PERSONAL INFORMATION OF 2013)

REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2013

[Regulation 6.]

TO: Henry Schein Dental Warehouse (Pty) Ltd

FROM: _____

Contact number(s): _____

E-mail address: _____

(Name, address, and contact details of responsible party)

Full names and designation of person signing on behalf of responsible party:

Signature of designated person

Date: _____

PART B

I, _____ (full names of customer)

give my consent to receive direct marketing of goods or services to be marketed by means of electronic communication.

SPECIFY GOODS or SERVICES: Henry Schein Dental Warehouse Products & Services

SPECIFY METHOD OF COMMUNICATION:

E - MAIL: _____

SMS: _____

WHATSAPP: _____