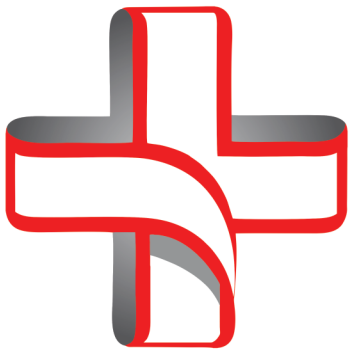




HYGIENE ONLINE

Surgical • Medical • Dental • Veterinary

SECTION 1: APPLICANT DETAILS

Type of Legal Entity

Private Company

Close Corporation

Sole Proprietor

Partnership

Trust

Legal Name

Trading Name

Nature of Business

Registration Number (where applicable)

ID Number/s

VAT Number

SECTION 2: CONTACT DETAILS

Contact Person / Buyer:

Designation:

Telephone Number:

Cellular Number:

Email Address:

Website:

SECTION 3: MEDICAL PRACTITIONER INFORMATION

Please complete relevant information pertaining to your practice (proof of delivery address to accompany application.)

DELIVERY DETAILS

Physical address:

Province:

Postal Code:

3.1 MEDICAL DOCTOR

Practice Registration Number

Medical Council Registration Number (MP/DP)

3.2 VETERINARIAN

Veterinary Council Registration Number (FCUD)

3.3 DENTIST

Dentist Name

Dentistry Number Registration Number



3.4 SISTER/NURSE/WOUND SPECIALIST

SAMC Nurse

Practice Registration Number

SECTION 4: MARKETING

I confirm that I hereby consent to receive direct marketing of goods or services by means of electronic communication from Hygiene Online in terms of Section 69(2) of the Protection of Personal Information Act 2013 (Act No. 4 Of 2013) (POPIA).

Yes

No

SECTION 5: PREFERRED METHOD OF COMMUNICATION

Please indicate which method you would prefer

Personal Visit

Telephone Call

Email

WhatsApp/Telegram

Other

Signed at _____ on this _____ day of _____ 20 _____

Applicant Signature

Witness Signature

Full Names of Applicant _____

Position held by Applicant _____

The applicant hereby warrants that he/she is duly authorised to sign and submit this application.

