

## TRADE ENQUIRY FORM Date Completed

	CONTINUOUS CONTINUOUS
	FOREIGN OFFICE
Office Contact Details and Contact	ct Person:
Address :	
Tel:	
Fax:	
Email:	

COMPANY CONTACT DETAILS

Date Received

Website:

Company/Org	anisation Name:						
Type of business (please tick one):	Manufacturer	Importer	Distributor	Wholesaler	Retailer	Agent	Other (please state):
Contact Perso	n:						
Address:							
Telephone:							
Facsimile:							
E Mail.							

PRO	DUCT
Product Required:	
Type (colour, size etc.):	
Quality (grade, ISO etc.):	
HS Code:	

HS Code:		
	QUANTITY	
Quantity Required (units, volume	, container etc.):	

	DELIVERY	
When is the product required:		
How frequently is the product required:		
Destination Port-		

FOR FER USE:						
How did you acquire this	Face-to-	Email	Telephone	Site	Trade	Other (please
enquiry: (please tick one)	face	****		Visit	Show	state):

## Further notes:

Please ensure that all the fields are filled in Email to: <u>tradeleadbulletin@thedti.gov.za</u> Thank you