

Bulk Warehousing Facility

12 Falcon Crescent, Airport City,
Cape Town, 7490

Full Container & Transport

Depot

24 Montreal Drive, Airport City,
Cape Town, 7490

Offices & Warehousing Facility

2 Gulfstream Avenue, Airport
City, Cape Town, 7490

Empty Depot Facility

15 Manchester Road
Airport Industrial, Cape Town



CK NUMBER- 2017/131851/07 VAT NUMBER - 4150278077

www.jfmlog.co.za

Head Office / Warehousing & Transport Depot

607 Chevrolet Street, Markman
Industrial,
Port Elizabeth,

Empty Depot Facility

27 Chevrolet Street, Markman
Industrial,

Port Elizabeth,

JFM Bulk Warehouse

529 Chevrolet Street,
Markman Industrial, P.E.

CONSENT FORM

I _____ (Name) with ID number _____, the duly authorised representative of _____ ("Company") with registration number _____ agree that JFM LOGISTICS PTY may make inquiries to confirm any information provided by the Company to Experian and that Experian may verify the information and obtain additional information from Experian, a registered credit bureau, or any other third party source (including my bank and CIPC) when assessing the information provided herein. I authorise JFM LOGISTICS PTY to conduct a credit report on the Company, and warrant that all the directors and/or members have consented to the Company instructing JFM LOGISTICS PTY to conduct the credit enquiry on the Company. In the event of the company settling invoices by debit order, JFM LOGISTICS PTY will be required to do an account verification check to verify that banking details provided by the Company on the debit order authorisation form, are correct, I hereby authorise such an enquiry. We furthermore consent to JFM LOGISTICS PTY submitting our information, including payment profile and default information and any other relevant information, to any credit bureaux (including to Experian itself) and to allow JFM LOGISTICS PTY to release the information for lawful purposes to third parties.

I furthermore warrant that all information supplied to JFM LOGISTICS PTY is to the best of my knowledge true and correct, that I am not aware of any other information that would affect the services application of the Company in any way and that I am authorised to sign this document.

The Company:

Name of the Company:	
Name of the Authorised Representative:	
Title:	
Signature:	
Date:	

Directors / Members Details:

Name:	
ID Number:	

Name:	
ID Number:	

Name:	
ID Number:	