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**Contact Person**

Full Names : .....................................................................

Designation : .....................................................................

Tel / Cell : .....................................................................

Email Address : .....................................................................

Website Address : .....................................................................

**Company Details**

Company Name : .....................................................................

Type of Business : Distributor Retailer Manufacturer Wholesaler Agent Other ...................

Type of Business : Women Owned Youth Owned

Black Owned

Company Registration Number/ID (if Sole Prop.) : .....................................................................

Company Address : .....................................................................

.......................................................................

Province (Include City) : .....................................................................

Sector : .....................................................................

Products or Services offered : .....................................................................

**Exporting Information**

Importer Exporter Years Exporting/Importing: .....................................

Export Markets of Interest : .....................................................................

Export registration number : .....................................................................

Email form to: [tradeleadbulletin@thedtic.gov.za](mailto:tradeleadbulletin@thedtic.gov.za)

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