



DEALERSHIP ENQUIRY PRELIMINARY FORM

PERSONAL DETAILS OF PRINCIPAL APPLICANT

SURNAME	
FIRST NAMES	
ID NUMBER	
TELEPHONE NO	
FAX NO	
MOBILE	
EMAIL ADDRESS	
POSTAL ADDRESS	
PHYSICAL ADDRESS	
HIGHEST QUALIFICATION LEVEL (MINIMUM 3 YEAR BUSINESS DEGREE OR DIPLOMA)	
PLEASE ATTACH CURRICULUM VITAE	SEPARATE ATTACHMENT
PLEASE LIST YOUR PRIMARY BUSINESS INTERESTS	

SHAREHOLDERS DETAILS

SURNAMES	
FIRST NAMES	
ID NUMBERS	
TELEPHONE NO'S	



FAX NO'S	
MOBILE NO'S	
EMAIL ADDRESS'	
POSTAL ADDRESS'	
COMPANY PROSPECTUS TO BE ATTACHED & CURRENT BBBEE STATUS/SCORECARD	

BANK DETAILS OF INDIVIDUAL APPLICANT / PRINCIPAL SHAREHOLDER

BANK INSTITUTION	
CONTACT PERSON	
POSTAL ADDRESS	
PHYSICAL ADDRESS	
TELEPHONE NO	
FAX NO	

PROPOSED BUSINESS STRUCTURE

BUSINESS TYPE/NAME	PARTNERS/M EMBERS	CURRENT BUSINESS ACTIVITY	BEE STATUS	SHARE AMOUNT	%
A. SOLE PROPRIETOR					
B. PARTNERSHIP					



C. CLOSE CORPORATION					
D. LIMITED COMPANY					

BUSINESS PROPOSITION JUSTIFICATION

PROPOSED AREA OF PREFERENCE	
BRAND TYPE	Audi brand
PLEASE STATE MOTIVATION FOR YOUR APPLICATION	(RECOMMENDED: ATTACH A SEPARATE SHEET DETAILING MOTIVATION)

CONTACT DETAILS

CONTACT PERSON	Dealer Network Planning Manager Att: Shula Manzini 011 911 2700 Email: shula.manzini@audi.co.za
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