



OMBUD SCHEME PARTICIPANT INFORMATION

COMPANY DETAILS

Company Name

Accounts Contact Person

Company Registration Number

ID Number (if Company Registration Number is not available)

VAT Registration Number (Leave blank if not available)

Core Business Focus: Retailer Distributor Manufacturer/Producer Other

Sub-sector: Groceries Furniture Clothing Other

Address

Postal Address

Postal Code

Email Address

Telephone. Fax

CONTACT DETAILS FOR PERSON DULY AUTHORISED TO BIND THE BUSINESS

Full Name

Position

Direct Telephone No. Cell

Fax Email

Signature Date

CGSO Group	Turnover Range	Annual Fee
Super Group	R5 bil +	R 180 000
Group 1	Above R3 bil to R5 bil	R 160 000
Group 2	Above R1 bil to R3 bil	R 90 000
Group 3	Above R500 mil to R1 bil	R 35 000
Group 4	Above R100 mil to R500 mil	R5 500
Group 5	R50 mil to R100 mil	R3 500
Group 6	R1 mil to R50 mil	R1 680
Group 7	R1 to R1 mil	No Cost

Kindly attach proof of turnover with the form. This information is mandatory and will be kept confidential.

*Membership fees are calculated based on a budget approved by the Board of the Consumer Goods & Services Ombud NPC. You will be informed when fees become payable and invoiced accordingly.

As a participant in the scheme, you are bound by the provisions of the Consumer Goods & Services Industry Code as approved by the Minister on the 29th April 2015 under section 82 of the Consumer Protection Act.

RETURN ADDRESS katlego@cgso.org.za or bongiwe@m@cgso.org.za; P.O. Box 3815, Randburg, 2125; Fax 086 681 8621