



### OMBUD SCHEME PARTICIPANT INFORMATION

#### COMPANY DETAILS

Company Name

Company Registration Number

ID Number (if Company Registration Number is not available)

VAT Registration Number (Leave blank if not available)

Core Business Focus: Furniture  Groceries  Clothing  Other (Specify)

Address

Postal Address

Postal Code

Email Address

Telephone  Fax

#### CONTACT DETAILS FOR PERSON DULY AUTHORED TO BIND THE BUSINESS

Full Name

Position

Direct Telephone  No. Cell

Fax  Email

Signature  Date

CGSO Group	Turnover Range	Annual Fee
Group 1	R3 bil +	R 200 000
Group 2	Above R1 bil to R3 bil	R 120 000
Group 3	Above R500 mil to R1 bil	R 40 000
Group 4	Above R5 mil to R500 mil	R 3 360
Group 5	Above R1 mil to R5 mil	R 1 680
Group 6	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](mailto:katlego@cgso.org.za) ; P.O. Box 3815, Randburg, 2125; Fax 086 681 8621