

18 Hegar Crescent, Hospital Park,

Bloemfontein, South Africa

Phone: 051 5225707

Cell: 27782028799

[sales@ebrokeronline.co.za](mailto:sales@ebrokeronline.co.za)

|  |  |
| --- | --- |
| **eBroker : New Broker Registration Form** | |
| **Date** |  |
| **Broker Details** | |
| *Brokerage Name* |  |
| *Brokerage Code* | (Leave Blank) |
| *Company RegNo* |  |
| *Director / CEO/Owner Full Name* |  |
| *Office Phone* |  |
| *Cellphone* |  |
| *Email1* |  |
| *Email2* |  |
| *Street Address* |  |
| *Suburb* |  |
| *City / Town* |  |
| *Postal Code* |  |
| *Number of Reps* | 1-5 6 – 10 11 – 15 16 - 20  21-25 |
| 26-30  >30 |
| **Migration of Existing Data** | |
| *Main format of current data (Choose One)* | Manual MS Excel Ms Access Other \_\_\_\_\_\_\_\_\_\_ |
| **Note: Only Data in Electronic Format (e.g. MS Excel or MS Access) can be migrated into broker.** |
| *Would You Like to Migrate Your Old Data to eBroker?* | Yes  No, I want to start afresh with new data |
| **Payment Option** | |
| *Your Preferred Payment Option*  *(Choose Only One Option)* | Monthly  Semi-Annual (i.e. 2 Payments Per Year)  Annual Payment (i.e. 1 Payment per Year) |
| **Training** | |
| *Number of People* |  |
| *Preferred Training Date* |  |
| Email the form to **sales@ebrokeronline.co.za** | |