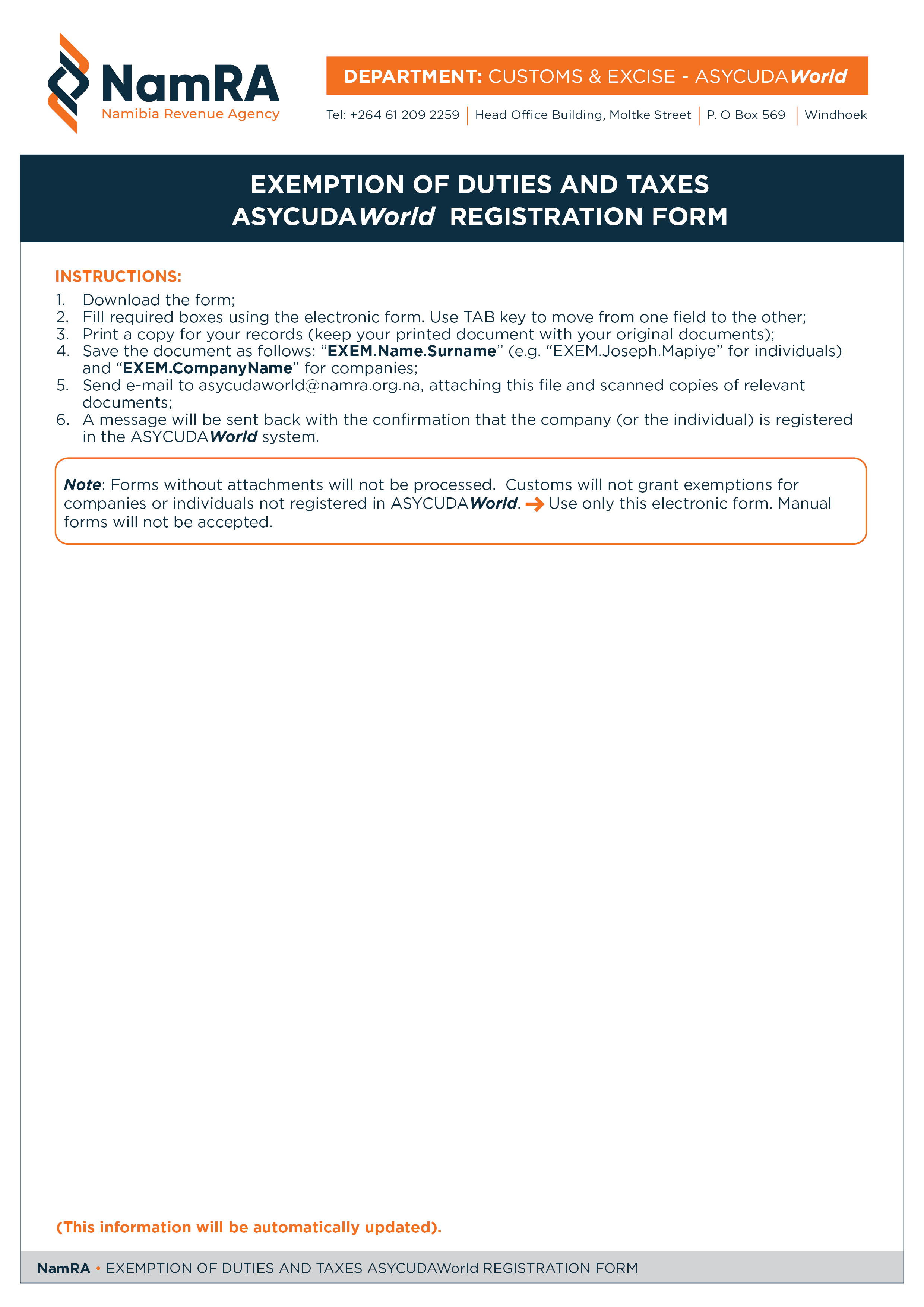
**Form AWEXEM.001**



**PLEASE FILL THE FOLLOWING INFORMATION**

|  |  |  |
| --- | --- | --- |
| **NAME** |  |  |
| **POSTAL ADDRESS** |  | |
| **ADDRESS (LINE 1)** |  | |
| **ADDRESS (TOWN)** |  | |
| **TELEPHONE NUMBER** |  | |
| **MOBILE PHONE NUMBER** |  | |
| **E-MAIL ADDRESS** | @ | |
| **CONTACT PERSON** |  | |

**PLEASE SELECT RELEVANT OPTIONS**

|  |  |  |
| --- | --- | --- |
| **DOCUMENT** | **Attached** | **Not Attached** |
| **Copy of Exemption Letter** |  |  |
| **Copy of TIN** |  |  |
| **Other** |  |  |

**FOR OFFICIAL USE ONLY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REGISTRATION CODE** | | **VALID FROM** | **VALID TO** | **OFFICE** |
| EXEM | 000001 | 01/01/2014 |  |  |

Date/Time of print: 26/11/2013 - 11:31 AM