GMTM Consultants

 $Tel: (012)\ 670\ 90\ 10\ or\ (012)\ 670\ 90\ 22\ or\ from\ outside\ of\ South\ Africa\ 00\ 27\ 12\ 6709010\ or\ 00\ 27\ 12\ 6709022$

Email: info@gmtm.co.za Website: http://www.gmtm.co.za

Fax: 0865510082

Application for Collection of Documents

Please Complete, Sign and email as pdf with proof of payment.

Collection Details (Please Print)

Hereby I	ı
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ID Number/DOB	
Surname	
Full Names	
Building	
Office No	
Street	
Street No	
Suburb	
City	
Postal Code	
Other Special information	
Tel No	
Cell No	
Email address:	
Person to ask for with collection	
Description of documents	
Authorise GMTM Consultants to arrange with Th	ne Courier Guy to collect my documents and deliver it to GMTM
Consultants Head Office at:	
57 Swarthout Street	
Doringkloof	
Centurion	
0157	
I accept and acknowledge that GMTM Consultar loss and/or damage to and for documents.	nts only acts as a intermediary and does not take any responsibility for
Signed on the day of	20
Signature	

Banking Details

First National Bank

Account No: **623 166 26657**

Account Type: Savings Branch Code: 261550

Amount payable R 180-00 please use initials and surname as reference.

Documents to Include:

- Documents must be inserted in a sturdy envelope.
- Client Sheet with instructions
- Documents.
- Documents must be ready for collection from 10:00 on collection day.
- Proof of payment