



COMPANY DETAILS			
REGISTERED COMPANY NAME:			
COMPANY REGISTRATION NUMBER:			
VAT NUMBER:			
PHYSICAL ADDRESS FOR PARCEL DELIVERY:			
CITY/TOWN:			
AREA CODE (POSTAL CODE):			
TELEPHONE NUMBER:			
FAX NUMBER:			
CONTACT PERSON – FINANCE DEPARTMENT (ORDER NUMBERS)			
NAME & SURNAME:			
EMAIL ADDRESS:			
TELEPHONE NUMBER:			
CONTACT PERSON – PROFICIENCY TESTING SCHEMES (RECEIVE REPORTS)			
NAME & SURNAME:			
EMAIL ADDRESS:			
TELEPHONE NUMBER:			
PLEASE CONFIRM YOUR COMPANY'S PARTICIPATION IN THE FOLLOWING PROFICIENCY TESTS:			
PROFICIENCY TESTS	Participate (Yes/No)	If you want to participate in all rounds / year please mark this column.	If you only want to participate in specific rounds please indicate the months you want to participate.
MAIZE GRADING PROFICIENCY TESTING SCHEMES(4/YEAR) (FEB, MAY, AUG, NOV)			
MAIZE MEAL QUALITY PROFICIENCY TESTING SCHEMES(4/YEAR) (FEB, MAY, AUG, NOV)			
KONICA MINOLTA DRY COLOUR PROFICIENCY TESTING SCHEMES(6/YEAR) (JAN, MARCH, MAY, JULY, SEPT, NOV)			
VITAMIN PROFICIENCY TESTING SCHEMES(4/YEAR) (JAN, APRIL, JULY, OCT)			
WHEAT & FLOUR PROFICIENCY TESTING SCHEMES(4/YEAR) (JAN, APRIL, JULY, OCT)			
WHEAT GRADING PROFICIENCY TESTING SCHEMES(4/YEAR) (FEB, MAY, AUG, NOV)			

Please forward your participant application form to: [Theresa.deBeer @sagl.co.za](mailto:Theresa.deBeer@sagl.co.za)