



DIAMOND COUNCIL
OF SOUTH AFRICA

ROUGH DIAMOND DEALER APPLICATION FOR MEMBERSHIP

(Please use block letters)

DATE OF APPLICATION: _____

FULL NAME: _____

NAME OF BUSINESS: _____

POSTAL ADDRESS: _____

PHYSICAL ADDRESS OF LICENSED PREMISES: _____

BUSINESS TELEPHONE: _____

HOME TELEPHONE: _____

FAX NUMBER: BUSINESS _____

HOME _____

EMAIL ADDRESS _____

Please enclose a subscription fee of R3000.00.

I hereby authorise the Diamond Council of S A to make any enquiries with regard to my credit worthiness.

Any Jewel City access card issued to me will be returned to the Association should my membership cease.

SIGNATURE

I agree to abide and be bound by the Constitution and Rules of the Association.