



COSM TRUST
ADMINISTERED BY THE SOUTH AFRICAN IRON AND STEEL INSTITUTE

CLAIMANT REGISTRATION FORM

By completing this registration form the claimant accepts, and agrees to adhere to, the rules and conditions imposed by the COSM Trust

Name of company or entity	
VAT registration no. (Attach copy of certificate)	
Holding company (if applicable)	
Exporter's customs code (see DA550)	
Telephone of Company Code and Tel no.	()
Facsimile of Company Code and Fax no.	()
E-mail address of Company	
URL address of Company	
Postal address of Company	
Postal address of Company	
Postal Code	
Name and E-mail address of Contact person for claims	
Telephone of Contact person Code and Tel no.	()
Facsimile of Contact person Code and Fax no.	()
Name and E-mail address of Export Manager	
Name and E-mail address of Financial Manager	
Name and E-mail address of Managing Director	
Company Bank details: Account number	
Branch code	
Name of Bank	