



Smile Artists Africa Project Auction | 3 December 2020

ABSENTEE BIDDER TELEPHONE BIDDER

Bidder Number
(for office use only)

Title: _____ First name: _____ Surname: _____

Identity number (Passport number for overseas bidders): _____

Company Name: *if the invoice must be in a Company's name* _____ VAT No. _____

Address: _____

Postal code: _____

Telephone (home): _____ (work): _____

Cell: _____ Fax: _____

Email: _____

In the case of a telephone bid, please call me at either 1) _____ or 2) _____

Please fax or email my invoice to: _____

Bids should be submitted in SA Rands by 5pm on Sunday, 29 March 2020

First time buyers must provide the Company with a copy of their identity document or passport and a photocopy of the front and the back of a valid credit card. A sum of R 5 000 may be reserved prior to the auction. International Clients: Will receive a virtual invoice for payment.

Lot Number	Title/Description	R Bid Price (excluding premium and VAT)
		R
		R
		R
		R
		R
		R
		R

PLEASE COMPLETE

- I will collect my purchases in person from the JHB office
 Kindly have my purchases sent to your CT office for collection
 (The buyer to pay 100% of the shipping costs)

- I will settle my account via credit card EFT
 Please forward the shipping document together with my invoice. The transport and insurance costs are for my account.
 Kindly provide me with a quotation for the delivery of my purchases to the following alternative address

Alternative Address: _____

Smile Artists Africa Bank Details
are as follows:

Smile Artists Africa
First National Bank
Account number: 62876187199
Branch code: 250655

SIGNATURE _____

DATE _____