BookStars

Membership application form

Please read the following carefully before completing the application form

- Only one (1) application form per business is allowed. Any additional applications will not be processed.
- It is in your own interest to ensure that this form is completed in full.
- Please write in black ink and use block letters.
- To submit your application please email to **pearsonza.bookstars@pearson.com** or fax to **021 441 1526**.

Do you have an account with Pearson South Africa? ☐ Yes ☐ No

Account No

Section A: Applicant details

Registered name of business

Trading name of business

Physical address

Postal code

Is this your delivery address? ☐ Yes ☐ No

Postal address (if different from physical address)

Postal code

Tel No | Fax No

Email address

Website address

Section B: Representative details (The person completing membership form on behalf of business)

Title | Initials

First name

Surname

South African ID No.

Tel No. | Mobile No

Email address

Are you the owner/co-owner of this business? ☐ Yes ☐ No

If NO, do you have the permission of the owner to apply on their behalf? ☐ Yes ☐ No

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Contact BookStars
T: 021 532 6008
F: 021 441 1526
E: pearsonza.bookstars@pearson.com

Section C: Owner details (Only complete if different from representative)

Title | Initials

First name

Surname

South African ID No.

Tel No. | Mobile No

Email address

Section D: Communication preference

I prefer to be contacted via: (Please select only one) ☐ Email ☐ Fax ☐ SMS

Please provide the email address, fax number or mobile number you want us to use:

I would like to receive:

The BookStars quarterly newsletter: ☐ Yes ☐ No

Marketing and promotional emails: ☐ Yes ☐ No

Processing of applications

It may take up to 7 working days to process your application.
Applications will only be processed unless the legal undertaking on this application form has been completed and signed.

☐ I declare that all the particulars supplied by me in this form are true, complete and correct. I accept that any incorrect or misleading information could lead to the cancellation of this application.

☐ I agree to the membership terms of the Pearson BookStars loyalty programme.
(Available on **www.pearson.co.za** or on request from **pearsonza.bookstars@pearson.com**)

Signed by Applicant / Representative on behalf of Applicant: _____

Date: D D / M M / 2 0 _ _

To be completed by Pearson South Africa

Application approved by finance ☐

Membership granted ☐

Signature: _____

Name: _____

Role: _____

Date: _____

Pearson

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