

Gift Shop Refund Form

BLOEM SHOW DATE
25 April - 03 May 2025

PLEASE PRINT

Company Name:		E-mail:	Daisy Hall - The Gift Shop
Co VAT Number:		Tel No:	
Postal Address:		E-mail:	
		Signature:	

For the PAYMENT of your PRODUCTS SOLD the form must be completed and returned to the office before or on 08 May 2025.

Please email to exhibitors@bloemshow.co.za.
Payments will be done within two weeks after the show.

Name of exhibitor: _____

For payment:

I _____ hereby authorize the CAS to refund the exhibition fee to:

Account Holders Name: _____

Banking details:

Bank _____

Branch Code _____

Account Number _____

SIGNATURE _____

Date: _____

Office use only:

Payment reference number: _____

Date: _____