



ZWS ISO 9001:2008 QUALITY MANAGEMENT SYSTEM

Application for Registration of a Fiscal Device Form (FRT 1)

REGISTRATION BY REGISTERED OPERATOR OF FISCALISED ELECTRONIC REGISTERS /FISCAL MEMORY DEVICES

SECTION 1: PARTICULARS OF REGISTERED OPERATOR

Name of Registered Operator	
Trading Name	
Business Partner Number	
VAT Registration Number	
Physical Address	
Postal Address	
Telephone and Cell Phone Number	
Fax Number	
E-mail Address	

2. Particulars of Contact Person - State the details of the person who may be contacted regarding any questions in connection with this notification:

Full Name of Public Officer / Contact Person	
Physical Address	
Postal Address	
Telephone and Cell Phone Number	
Fax Number	
E-mail Address	

3. Particulars of Fiscalised Electronic Register - Specify below or in an annexure hereto the details of every Fiscalised electronic register or fiscal memory device proposed to be used in your operations:

Details of the Fiscalised Electronic Register	Fiscalised Electronic Register	Fiscalised Printer	Fiscalised Electronic Signature Device
Make			
Model			
Internal/External GPRS			
Date of Manufacture			
Serial Number			
Name of Manufacturer			
Name of Supplier			
Quantity			



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4. Address and time at which the prototype Fiscalised Electronic Device /Fiscal Memory Device* referred to in 3 above can be inspected:

5. Other relevant details: -----

We/I -----declare that we/I have personally reviewed the information given above and that it is true and correct in all material respects.
 Signed at ----- on this ----- day of ----- (Month) ----- (Year)
 Signed: -----

*Delete inapplicable

For Official Use	
Registration done by	Checked by
Name.	Name.....
Signature.....	Signature.....
SAP Generated Serial Number	