

Form AMAH2a

**AGRICULTURAL MARKETING AUTHORITY  
REGISTRATION AS A HORTICULTURAL AND PLANTATION PRODUCTS TRADER/  
WHOLESALE**

**2023/2024 MARKETING SEASON**

1. Name of trader/wholesaler(attach copies of company Certificate of Incorporation, Valid Tax Clearance, CR14 and CR6)

.....**TRIANGLE LIMITED**.....

Physical Address:.....**Main Stores, 80km Peg Ngundu / Tanganda Highway, Triangle**.....

Contact Telephone:.....**031-233 6221-5**.....

E-mail..... **Joice.Shereni@tongaat.com**.....

2. Estimated total quantity of horticultural produce intended to be purchased from local producers and intended buying areas:

Type of Horticultural Products	Quantity to be Purchased(tonnes)	Buying Area(s) (districts)
<b>Fruits</b>		
N/A	N/A	N/A
<b>Vegetables</b>		
N/A	N/A	N/A
<b>Plantation Products</b>		
N/A	N/A	N/A
<b>Other (specify)</b>		
N/A	N/A	N/A

3. Estimated total quantity of horticultural products intended to be imported and exported:

TYPE OF PRODUCT	IMPORTS (MT)	EXPORTS (MT)
<b>Fruits</b>		
N/A	N/A	N/A

TYPE OF PRODUCT	IMPORTS (MT)	EXPORTS (MT)
N/A	N/A	N/A
Vegetables		
N/A	N/A	N/A
Plantation Products		
N/A	N/A	N/A
Other (specify)		
SUGAR	N/A	150MT
YEAST	0.2 MT	N/A

MS JOICE SHERENI

Name in full



Authorised Signatory

Designation...IMPORTS & LOGISTICS

Company Stamp

CONTROLLER.

**TRIANGLE LIMITED**

**Reference by the Industry Stakeholder Association, if applicable**

I ..... (print name) representing.....

..... (relevant body) confirm that .....

(being the applicant trader/wholesaler) is a bona fide trader/broker during the...../.....season.

**Association Stamp**

Signature.....Designation.....

Date.....