



**WALKERVILLE
FARMER'S MARKET**
Fresh Produce & Craft Market

Cell: 079 076 7680
Fax: 086 218 4754

112 Main Road (R82)
Walkerville

info@wfmarket.co.za
www.wfmarket.co.za

APPLICATION FORM

Title : (Mr/ Mrs/ Ms): _____

Full Name: _____

Business Name (If any): _____

Physical Address: _____

Postal Address: _____

Identity Number: _____ Date of Birth: _____

Tel Home: _____ Tel Work: _____

Cell: _____ Fax: _____

Email Address: _____

1. Please indicate the date on which you will first join us: _____

2. Will you, (the applicant) personally exhibit or sell your product(s)? Yes No

3. Give a brief description of your product(s):

(Please supply a photo with your application, You may be requested to supply a sample of your product for approval).

4. What size stall do you need? Food Court _____ Full Stall _____ Half Stall _____

NB: Please note that the HALF STALL is a shared stall and limited stalls available.

5. Where did you hear about Walkerville Farmer's Market? _____

I agree to the trading conditions set out by the Walkerville Farmers Market.

Signature: _____

Date: _____

We would like to thank you for your application
Please contact us within the next 7 days to confirm the status of your application.