



GRI 2

REGISTRATION FORM FOR ORAL SUBMISSION

<p style="text-align: center;">Form GRI 2</p> <p style="text-align: center;">About this form</p> <p>This is a registration form made pursuant to the Guidelines for Participation in the Market Inquiry into the Grocery Retail Sector. The form is to be completed by parties wishing to make an oral presentation at a public hearing.</p> <p><u>GROCERY RETAIL MARKET INQUIRY CONTACT DETAILS:</u></p> <p>Contact Number: 012 394 3200 Email: Retail@compcom.co.za</p> <p>Postal Address: Retail Market Inquiry Private Bag X23, Lynwood Ridge, Pretoria 0040, South Africa</p> <p>Physical Address: Retail Market Inquiry The DTI Campus Mulayo (Block C, 77 Meintjies Street Sunnyside, Pretoria, South Africa 0002</p>	<p>Details of person wishing to make presentation (Please print)</p> <p>Name and Surname: _____</p> <p>Name of Organisation or Entity (if applicable): _____</p> <p>Contact Details: _____</p> <p>Physical/Postal Address: _____ _____</p> <p>Required Details</p> <p>Does your submission contain any confidential information? If yes, please also file a Form CC7 (attached hereto)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you require interpretation services?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please indicate language: _____</p> <p>Do you intend to call upon witnesses?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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If yes, please provide the number of witnesses:

Indicate the estimated time required: _____

Main focus of the presentation:

**Please tick the relevant topic (s)*

SUBJECT MATTER	
1. The impact (negative and positive effects) of the entry of supermarket chains into townships, peri-urban areas and rural areas and the informal economy.	
2. The impact of long-term exclusive lease agreements and the role of financiers	
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4. Regulations and by-laws	
5. The impact of buyer groups and buyer power of purchasers of fast moving consumer goods on competition in the grocery retail sector.	

Signature _____

Date _____

Office Use Only: File No: _____

Date: _____