



ARAF

AMALGAMATED ROTATIONAL ANNUAL FESTIVAL

Omaruru Municipality
 +264 64 570277
vsindongo@yahoo.com
 Karibib Town Council
 +264 64 550020
techmanager@karibibtown.org
 Usakos Town Council
 +264 64 530064
ceo@utc.com.na

Date: 19 March 2024

ARAF 2024 TRADE FAIR KAPANA EXHIBITOR'S APPLICATION FORM 2024

1) EXHIBITOR'S INFORMATION

Name of Business		
Contact Person		
Identity Number / Passport Number		
Job Title		
Nature of Business (<i>give a brief description of your business</i>)		
Contact Details	Postal Address	Tel No.
	Email	Mobile No.
Physical Address		
Country of Origin		

2) NATURE OF STANDS: PLEASE CHECK THE APPROPRIATE BOX

Outside Open Space		
3x3m² N\$ 600 Includes: • 2 exhibitor passes, 1 vehicle pass		
Please indicate the number of stalls you will require		
Do you intend to sell alcohol: Please check the appropriate box If yes an additional fee of N\$50 is payable to obtain the liquor license	Yes	No
Additional Passes		
Please indicate the number of additional exhibitor passes you will require at N\$100 extra per person		
Please indicate the number of additional vehicle passes you will require at N\$150 extra per vehicle		
Total Amount Payable		

3) TERMS & CONDITIONS

4.1 Indication of preferred stand does not automatically guarantee allocation of that particular stand.

4.2 Cancellation of a stand should be submitted in writing. A 50% administration fee shall be payable on a cancellation affected on or before 9th September 2024. Refunds shall only be paid after the Fair.

4.3 No refund shall be affected should the exhibitor fail to turn up for exhibition.

4.4 Exhibitor wristbands must be worn for the entire duration of the trade fair

4.5 The use of advertisement materials and /or display signs outside the allocated exhibition area is prohibited by the ARAF Management.

4) PAYMENT

Any changes to this application need to be completed by 9 September 2024

Karibib Travel & Tourism Fair
First National Bank-Karibib Branch
Account: 62250872407
Branch Code: 281073

Please, attach proof of payment to this form

I/we hereby acknowledge that I/we customized ourselves with the terms and conditions contained on this ARAF application. I/we further do hereby agree that the ARAF Management Committee reserves the right to make decision on the allocation of stands and their decision is final.

Signature:Date:/...../.....

RESERVATIONS (For Office Use Only)	
Received by: _____	Amount: _____
Stand No: _____	Receipt No: _____
Processed by: _____	
Allocated <input type="checkbox"/>	Not Allocated <input type="checkbox"/>