**PROVINCIAL GAZETTE OF THE WESTERN CAPE: 2024/25ADVERTISING FORM**

Department of the Premier

**Linda Nkani**

Corporate Communication

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| --- | --- | --- | --- |
| **REQUESTED  ADVERTISING DATE** |  | | |
| **ADVERT TITLE** |  | | |
| **NUMBER OF PAGES** |  | | |
| **BUSINESS NAME** |  | | |
| **CONTACT NAME OF ADVERTISER** |  | | |
| **TELEPHONE** |  | **FAX** |  |
| **E-MAIL** |  | **CELL** |  |
| **POSTAL AND STREET ADDRESS OF ADVERTISER** |  | | |
| **CONTACT NAME OF PERSON RESPONSIBLE FOR ACCOUNT (FINANCE)** |  | | |
| **TELEPHONE** |  | **FAX** |  |
| **E-MAIL** |  | **CELL** |  |
| **ADVERTISERS SIGNATURE** |  | | |

Please return completed ADVERTISING **FORM** and **REMITTANCE ADVICE SLIP/PURCHASE ORDER SLIPS**

to [Linda.Nkani@westerncape.gov.za](mailto:Linda.Nkani@westerncape.gov.za). No adverts will be placed without the advertising form and proof of payment.  
For office use:

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| **GAZETTE NUMBER** |  | **DATE TO BE PUBLISHED** |  |
| **PROFORMA INVOICE NR ISSUED** |  | **DATE REMITTANCE RECEIVED** |  |