

DATABASE FORM

SUPPLIER INFORMATION REQUIRED:

COMPANY NAME: _____

TRADING NAME: _____

COMPANY REG NUMBER: _____ VAT REG NUMBER: _____

REGISTERED ADDRESS OF COMPANY: _____

POSTAL ADDRESS: _____

DELIVERY ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

NATURE OF BUSINESS: _____

CONTACT DETAILS:

ACCOUNTS ADMINISTRATOR NAME: _____

EMAIL ADDRESS: _____

DIRECT NUMBER: _____ FAX NUMBER: _____

SIGNATURE (FINANCIAL MANAGER)

Date

Please provide us with the following documents:

- Tax Clearance Certificate**
- BEE Certificate**
- Proof of Banking**
- Company Registration Documents**