



# FINANCE DEPARTMENT SUPPLIER DETAIL FORM

OM-027

Thembakazi Mazibukwana (011)999-4055	Elvis Matji (011)999-3476
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**PLEASE COMPLETE IN FULL**

<b>1. COMPANY INFORMATION</b>			
Name of Company & T/A Name (If Applicable)			
<b>NB!</b> VAT Registration Number <i>(COPY OF TAX CLEARANCE CERTIFICATE)</i>			
<b>NB!</b> Company Registration Number <i>(COPY OF CC./PTY LTD. PAPERS TO BE ATTACHED)</i>			
Physical Address of Company		Postal Address of Company	
<b>NB!</b> Sole Proprietor <i>(COPY OF ID DOCUMENT)</i>			
<b>NB!</b> Nature of Business (i.e. Stationers, Contractor, Maintenance)			

<b>2. CONTACT DETAILS</b>			
Sales Contact Person			
Sales Telephone No		Sales Fax No	
Accounts Contact Person			
Accounts Telephone No		Account Fax No	
E-mail Address			

<b>3. BANKING DETAILS FOR PAYMENT TO BE AFFECTED VIA ELECTRONIC TRANSFER</b> <i>(COPY OF CANCELLED CHEQUE TO BE ATTACHED OR LETTER FROM BANKING INSTITUTION)</i>											
Bank Account Name						Bank NAME					
Bank Account Number											
Bank ACCOUNT TYPE						Branch Code (6 Digits)					
Billing Council Name											
Customer Care Centre Acc No <i>Please attach latest account</i>											
Contract No.											
Contract Start Date						Contract End Date					
Type of Supplier (i.e. SMME, BEE, LOCAL, OTHER)											

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Signature-Director/Owner