SOUTH AFRICAN POST OFFICE LIMITED Supply Chain Management

Cnr. James Drive & Moreleta Str Silverton Pretoria 0002

PO Box 4162 Pretoria 0001

ANNEXURE 'I'

Tel 012 845 2400 Fax 012 804 7626/0109 Website www.sapo.co.za

SUPPLIER CREDENTIAL FORM

Contents:

Part A: General Particulars

Part B: Declaration

Please complete the form in full.

Part A: GENERAL PARTICULARS

1. Particulars of Enterprise

Enterprise Trading Name Company/Close Corporation /Trust Registered Number Vat Registration Number Income Tax Reference Number PAYE Reference Number Physical Trading Address Province of Operation Fe-mail address Business Tel number Business Fax number Particulars of contact person Initials and Surname	Registered Name of the																		
Company/Close Corporation /Trust Registered Number Vat Registration Number Income Tax Reference Number PAYE Reference Number Physical Trading Address Province of Operation Fostal Address E-mail address Business Tel number Business Fax number Particulars of contact person	Enterprise																		\perp
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RFQ No.23/24/41/Supply of Domestic Air Cargo Services for Docex/RM

Direct Telephone Number	r		
Direct Fax number			
Cell phone number			
E-mail address			
2. (a) Provide your CSD	registration numbe	er	
(b) Provide sub-contractor	CSD registration n	umber (if applicable)	
(b) Flovide Sub-contractor	COD registration in	umber (ii applicable)	
3. Type of business:			
Partnership		Sole Trader	
Close Corporation	n	Company Pty Ltd	
State Owned Enter	erprise		
Other (Specify)			
4. Principal Business Acti	ivity and Types of S	Services Provided:	
5. Since when has the e	nterprise been in o	peration?	Months/Years
6.What is your company 's	s annual turnover (_l	orevious financial year)?	R
Part B: DECLARATION			
I, the undersigned hereby of as	declare, in my capa	icity	
			rect and I hereby indemnify the Docex by may suffer as a result of the said
DULY AUTHORISED TO	SIGN FOR AND O	N BEHALF OF ENTERPRI	SE/ORGANISATION:
Name:	Signature:	Date:	Telephone
Address:			
1			

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