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Fax 012 804 7626/0109Website [www.sapo.co.za](http://www.sapo.co.za)**ANNEXURE 'I'****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

Registered Name of the 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																									
Postal Address																									
E-mail address																									
Business Tel number																									
Business Fax number																									
Particulars of contact person																									
Initials and Surname																									
Designation																									
Direct Telephone Number																									



Direct Fax number																					
Cell phone number																					
E-mail address																					

2. (a) Provide your CSD registration number

For more information, contact the Office of the Vice President for Research and Economic Development at 319-273-2500 or [research@uiowa.edu](mailto:research@uiowa.edu).

(b) Provide sub-contractor CSD registration number (if applicable)

1. **What is the primary purpose of the proposed legislation?**

### 3. Type of business:

Partnership  Sole Trader

Close Corporation  Company Pty Ltd

State Owned Enterprise

Other (Specify) \_\_\_\_\_

4. Principal Business Activity and Types of Services Provided:

For more information, contact the Office of the Vice President for Research and Economic Development at 505-274-3000 or [opred@unm.edu](mailto:opred@unm.edu).

5. Since when has the enterprise been in operation?

### Months/Years

6.What is your company 's annual turnover (previous financial year)?

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## Part B: DECLARATION

I, the undersigned hereby declare, in my capacity as

and duly authorised thereto, that the information furnished is true and correct and I hereby indemnify the Docex from any loss and/or damages howsoever caused that I or any other party may suffer as a result of the said information being correct.

DULY AUTHORISED TO SIGN FOR AND ON BEHALF OF ENTERPRISE/ORGANISATION:

Name:	Signature:	Date:	Telephone
Address:			

**RFO No.23/24/57/Co-Loading Courier Services for DoceX/RM**