SOUTH AFRICAN POST OFFICE LIMITED Supply Chain Management

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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

Γ				_			, -													
Registered Name of the																				
Enterprise											<u> </u>									
	_				_	1			1											
							,													
Trading Name																				
Company/Close Corporation																				
/Trust Registered Number																				
Vat Registration Number																				
_																				
Income Tax Reference Number																				
PAYE Reference Number																				
Physical Trading Address	1	1		1	1		1				<u> </u>									\mp
Friysical Frauling Address																				-
				-																-
Dravings of Operation	-										<u> </u>									
Province of Operation																				
Destal Address		1		_							1	1 1						1		
Postal Address	-	-		-	-															
																				_
E-mail address																				
Business Tel number																				
Business Fax number																				
Particulars of contact person																				
Initials and Surname																				
							1													
Designation																				
Direct Telephone Number		I	I																	\Box
2.100t Totophono Hambot	1	1	1			1		1	1	1									1	

RFQ 22/23/40/ IFRS 16 Automation and Software Accounting Solution/RM

Direct Four numbers										
Direct Fax number										
Cell phone number E-mail address										
E-mail address										
2. (a) Provide your CSD	registration number									
(b) Provide sub-contractor CSD registration number (if applicable)										
3. Type of business:										
Partnership		Sole Trader								
Close Corporation	n C	Company Pty Ltd								
State Owned Enterprise										
Other (Specify)										
4. Principal Business Acti	vity and Types of Serv	rices Provided:								
5. Since when has the enterprise been in operation? Months/Years										
6.What is your company ±	annual turnover (prev	rious financial year)?	R							
Part B: DECLARATION										
I, the undersigned hereby of	declare, in my capacity	,								
as and duly authorised thereto, that the information furnished is true and correct and I hereby indemnify the South African Post Office 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 S	SIGN FOR AND ON BE	EHALF OF ENTERPRISE/	ORGANISATION:							
Name:	Signature:	Date:	Telephone							
Address:										