



Direct Fax number																								
Cell phone number																								
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 ☐ Company Pty Ltd
- ☐ State Owned Enterprise
- ☐ Other (Specify) _____

4. Principal Business Activity and Types of Services Provided:

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 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 SIGN FOR AND ON BEHALF OF ENTERPRISE/ORGANISATION:

Name:	Signature:	Date:	Telephone
Address:			