SOUTH AFRICAN POST OFFICE LIMITED Supply Chain Management

Cnr. James Drive & Moreleta Str Silverton Pretoria

PO Box 4162 Pretoria

0002 0001

ANNEXURE 'I'

012 845 2400 012 804 7626/0109 Tel Fax 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

| Registered Name of the Enterprise | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------|----------|--|----------|----------|---|---|---|----------|----------|----------|----------|-----|---|--|---|----------|---|--|--|---|-----|-----|--------|
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| Trading Name | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | - | | | | | 1 | | | | - | | - | | | 1 | | - | |
| Company/Close Corporation | | | | | | | | | | | | | | | | | | | | | | | |
| /Trust Registered Number | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | 1 | | | | | | - | - | | | | | - | | |
| Vat Registration Number | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 1 | | 1 | | | | | | | | | | | - | | | | | | |
| Income Tax Reference Number | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| PAYE Reference Number | | | | | | | | | | | | | | | | | | | | | | | |
| Physical Trading Address | | | | | | | | | | | | | | | | | | | | | | | |
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| Province of Operation | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Postal Address | | | | | | | | | | | | | | | | | | | | | | | |
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| E-mail address | | | | | | | | | | | | | | | | | | | | | | | |
| E mail address | | | | | | | | | | | | | | | | | | | | | | | |
| Business Tel number | | | | | 1 | | | 1 | | 1 | | | | | | | | | | | | | \neg |
| Business Fax number | | | | | + | + | | 1 | | 1 | | | | | | | | | | | | | _ |
| Business Fax Humber | | | <u> </u> | | | | | | | | | | | | | l | | | | | | | |
| Particulars of contact person | | | | T | 1 | T | 1 | 1 | | 1 | I | | | | | - 1 | | | | | | | |
| Initials and Surname | | | | | + | | | | | | | | | | | | | | | | | | \neg |
| Illitiais and Sumame | | | <u> </u> | | | | | 1 | | 1 | | | | | | <u> </u> | | | | | | | |
| Designation | | | | | | | | | | | | | | | | | | | | | | | \neg |
| Designation | <u> </u> | | | | | | | | | | | | | | | | | | | | | | |
| Direct Telephone Number | | | 1 | T | 1 | T | 1 | T | 1 | T | I | | | | | | - | | | | 1 | - 1 | \neg |
| Direct Telephone Number | | | <u> </u> | | | | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | | | | | | | | | | | | |
| Direct Fax number | | | 1 | 1 | | T | 1 | 1 | 1 | 1 | 1 | | | | | ı | | | | | 1 | -1 | \neg |
| Direct Fax number | | | | | | | | | | | | | | | | | | | | | | | |

| | l phone number nail address | | | | | | | | | | | |
|--|--|------------|---------------|-----------|--|--|--|--|--|--|--|--|
| (a) Provide your CSD registration number | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (b) Provide sub-contractor CSD registration number (if applicable) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 3. | Type of business: | | | | | | | | | | | |
| | Partnership | Sol | e Trader | | | | | | | | | |
| | Close Corporation | n Cor | mpany Pty Ltd | | | | | | | | | |
| | State Owned Enterprise | | | | | | | | | | | |
| | Other (Specify) | | | | | | | | | | | |
| Principal Business Activity and Types of Services Provided: | | | | | | | | | | | | |
| 5. | 5. Since when has the enterprise been in operation? Months/Years | | | | | | | | | | | |
| 6.V | 6.What is your company 's annual turnover (previous financial year)? | | | | | | | | | | | |
| Par | 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: | | | | | | | | | | | | |
| Nar | ne: | Signature: | Date: | Telephone | | | | | | | | |
| | | | | | | | | | | | | |
| Add | dress: | | | | | | | | | | | |
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RFP22/23/25/Trend Micro/ZN