SOUTH AFRICAN POST OFFICE LIMITED Supply Chain Management

Cnr. James Drive & Moreleta Str Silverton Pretoria

PO Box 4162 Pretoria 0001

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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

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Registered Name of the Enterprise																								
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Trading Name														T									\top	
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Company/Close Corporation																								
/Trust Registered Number																								
Vat Registration Number																								
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Income Tax Reference Number																								
PAYE Reference Number	T	I					1		1			1	1						I	_	ı	ı		
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E-mail address																								
Business Tel number																								
Business Fax number																								
Particulars of contact person								_	_	1				_										
Initials and Surname														<u> </u>							<u> </u>	<u> </u>	\perp	
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Cell phone number											
E-mail address											
2. (a) Provide your CSD	registration number										
(b) Provide sub-contractor	CSD registration num	nber (if applicable)									
3. Type of business:											
Partnership		Sole Trader									
Close Corporation	1	Company Pty Ltd									
State Owned Enterprise											
Other (Specify)											
4. Principal Business Acti	vity and Types of Ser	rvices Provided:									
5. Since when has the enterprise been in operation? Months/Years											
6.What is your company 's	annual turnover (pre	evious financial year)?	R								
Part B: DECLARATION											
I, the undersigned hereby of	leclare, in my capacit	ty									
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	IGN FOR AND ON B	BEHALF OF ENTERPR	ISE/ORGANISATION:								
Name:	Signature:	Date:	Telephone								
Address:											