

SERVICE PROVIDER DATABASE REGISTRATION FORM

All sections to be completed in **black ink**, submitted with an **original signature** commissioned by an authorized **Commissioner of Oaths**

SUPPLIER DETAIL

<i>Supplier/Vendor Number</i>	OFFICIAL USE ONLY
<i>Registered Name</i>	
<i>Trading as</i>	CSD ONLY BY SANAC TRUST (do not fill)
<i>Registration Number</i>	
<i>Tax Registration Number</i>	
<i>Tax Certificate Expiry Date</i>	

<i>VAT Registered</i>	<i>VAT Registration Number</i>	
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Classification **Only the main area of business**

<i>Distributor</i>	
<i>Exporter</i>	
<i>Importer</i>	
<i>Manufacturer</i>	
<i>Repairer</i>	
<i>Sales</i>	
<i>Services</i>	

<i>Type:</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Private Company (Pty) Ltd		Joint Venture	
Closed Corporation (cc)		Partnership	
Sole Proprietor		Section 21 Company	
Public Company		Trust	
Consortium		Cooperation	
Foreign Company		Unknown	
Government/Institution/Parastate/Organ of			

<i>Area of Operation</i> <input checked="" type="checkbox"/>	
Municipal Area	
Provincial	
National	

PROVINC	
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<i>Branch / Franchise</i>

<i>Phone Number</i>	
<i>Fax Number</i>	
<i>Toll Free Number</i>	
<i>Email Address</i>	
<i>Website URL</i>	

<i>Physical Address</i>	<i>Postal Address</i>

Blacklisted

Reason:

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Expiry date