



NEW SERVICE PROVIDER/SUPPLIER FORM

Please complete in block letters

SERVICE PROVIDER / SUPPLIER NAME:																										
APPLICATION DATE:							/							/							BUSINESS EXPERIENCE					YEARS
BEE STATUS													NUMBER OF STAFF													
ANNUAL TURNOVER	R																									
NATURE OF BUSINESS																										
CONTACT PERSON:																										
CONTACT NO: OFFICE													FAX													
CELL																										
EMAIL ADDRESS:																										
VAT REG NO (If applicable)																										
CK NO OR ID NO:																										
POSTAL ADDRESS:																										
PHYSICALL ADDRESS:																										

BANKING DETAILS:

NAME OF ACCOUNT:																									
NAME OF BANK:																									
NAME OF BRANCH:													BRANCH CODE												
ACCOUNT NO:																									
BANK ACC TYPE:	Current	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Transmission:	<input type="checkbox"/>																			

PLEASE ATTACH THE FOLLOWING DOCUMENTATION ON SUBMISSION OF THIS FORM:

BUSINESS PROFILE	Attached?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	CIPC REGISTRATION	Attached?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
TAX CLEARANCE	Attached?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	COPY OF ID (if applicable)	Attached?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
BANK ACC CONFIRMATION	Cancelled cheque	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	OR Bank statement not older than 3 months	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Stamped bank confirmation letter not older than 3 months							Attached? YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

ESTATE OFFICE: TEL: 011 318 1899

ESTATE MANAGER: CELL: 083 400 8706

EMAIL: em@bvhoa.co.za