SOUTH AFRICAN POST OFFICE LIMITED Supply Chain Management

Cnr. James Drive & Moreleta Str Silverton Pretoria 0002



PO Box 4162 Pretoria 0001

ANNEXURE 'I'

Tel012 845 2400Fax012 804 7626/0109Websitewww.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																							\square			
Enterprise																										
		T		1	1	1	1	1		1	1	1	1			1					1	1				_
																							Щ			
Trading Name		T				1	1	1		1		1		1	1	1										٦
				I									I								I		Ц			_
Company/Close Corporation						Г	Г	1	1	Τ				[[٦
/Trust Registered Number																										
								-			-												-	I		_
Vat Registration Number								Γ																		٦
v																										_
Income Tax Reference Number																										٦
																										_
PAYE Reference Number																										
Physical Trading Address																										Ī
										T																-
Province of Operation																										
·																										_
Postal Address																										
																								L		
E-mail address																										
	1 1			1	1			1		1		1	1			r					1	1				_
Business Tel number																										
Business Fax number																							Щ			
	1 1			1	1	r -	r -	1	1	-	-	1	1	1	1	r					1		$ \square $	i i		
Particulars of contact person						_	_			_															-	-
Initials and Surname																							Щ			
Designation																										٦
Designation]
Direct Tolophone Number	ГТ	Т			1	Г	Г	T	1	T	1	1		1	1	1							\square			٦
Direct Telephone Number			l		<u> </u>	<u> </u>	<u> </u>	<u> </u>	I	1	1	<u> </u>	I	I	I	I		l	l	l	I	I	Щ			1
Direct Fax number		Т						1			T			1	1	1							\square	<u> </u>		٦
Direct Fax number		[L	1	1	1	<u> </u>					<u> </u>	<u> </u>	<u> </u>										

RFP NO: 21/22/25/ Full Maintenance Lease/RM

Supplier Credential Form

																		٦	
	-		-	-	 	_	 _	 	 	 -	_	-	1	-	-		-		 _
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.V	/hat is your company \pm annual turnover (previous financial year)?	R	

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:			
Address.			