

Supplier Grouping Detail: Type of Firm: (Please ✓ the relevant box)

1	Public Company (Ltd)			7	Sole Proprietor	
2	Private company (Pty) Ltd			8	Foreign Company	
3	Closed Corporation (cc)			9	Partnership	
4	Other (specify)			10	Trust	
5	Joint Venture			11	Section 21 Company	
6	Consortium			12	Government / Parastatals	

Main contact person in your company:

Name:																			
Company Position:																			
Cell phone Number:																			
ID Number :																			
E-mail address:																			

Commodities: Maximum of 3 will be registered

Trade names	Description (Example: Cartridge)

The following documents have to be included in your application:

- Copy of the registration documents of the company/proof of partnership agreement
- Original valid tax clearance certificate
- Copies of the identity documents of the owners of the company

I/we the undersigned acknowledge(s) that:

- The information furnished is true and correct
- Any conflict of interest will be declared in the comment space below

Declaration of any conflict of interest:

**SIGNATURE OF OWNER OR
 AUTHORISED REPRESENTATIVE**

DATE