

IMPORTANT NOTES

Please read carefully

- To be completed by all potential vendors seeking registration as an approved supplier;
- The questionnaire must be completed in **full** and be **signed**;
- A company profile will not be accepted as substitute for the application form
- It should be noted that CABRI reserves the right to accept or reject any application without being obliged to give any reasons in this respect;
- Supplier must comply with all the **registration-criteria** for registration to be finalized failure to do so may result in the application being declined.

| Supplier detail: | | | | | | | | | | | | | | | | |
|---|-----|--|--|--|--|--|--|---|---|---|---|---|--|---|--|--|
| Company / Supplier Name: | | | | | | | | | | | | | | | | |
| Company / Close Corporation Registration Number | | | | | | | | | | | | | | | | |
| VAT registration number (if applicable | e): | | | | | | | • | • | | | | | | | |
| Income tax reference number: | | | | | | | | | | | | | | | | |
| Web Address: | | | | | | | | | | • | • | • | | • | | |
| E-Mail Address: | | | | | | | | | | | | | | | | |
| Telephone Number: | | | | | | | | | | | | | | | | |
| Fax Number: | | | | | | | | | | | | | | | | |
| Toll Free Number: | | | | | | | | | | | | | | | | |
| Number of full time employees: | | | | | | | | • | • | | | | | | | |

| Pos | tal | Add | res | s: (c | com | puls | sory |) | | | | | F | Phys | sical | Ad | dre | ss: | | | | |
|-----|------|------|-----|-------|-----|------|------|---|--|--|--|--|---|------|-------|----|-----|-----|--|--|--|--|
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| Po | osta | l Co | de: | | | | | | | | | | | | | | | | | | | |

Company/Supplier Classification: (Please < the relevant box or boxes)

| ISO Listed | Importer | Services | Manufacturer | Repairer | Black Owned | Distributor | Exporter | Sales | |
|---------------|----------|----------|--------------|----------|----------------|-------------|----------|-------|--|
|---------------|----------|----------|--------------|----------|----------------|-------------|----------|-------|--|

(Please ✓ the relevant box)

| Tax Clearance Certificate (Please attach to application form) | Attached | To Follow |
|---|----------|-----------|
| Expiry date: | | |

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: