

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):												
Income tax reference number:												
Web Address:												
E-Mail Address:												
Telephone Number:												
Fax Number:												
Toll Free Number:												
Number of full time employees:												

Postal Address: (compulsory)

Physical Address:

Postal Address: (compulsory)													Physical Address:												
Postal Code:																									

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

ISO Listed	Importer	Services	Manufacturer	Repairer	Black Owned	Distributor	Exporter	Sales
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(Please ✓ the relevant box)

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

