MAKHUDUTHAMAGA LOCAL MUNICIPALITY



UPDATE SUPPLIER REGISTRATION FORM FOR 2014/2015

Enquiries Contact Supply Chain Management Unit Tel No: 013 265 8632/8622

Fax No: 013 265 1975

Municipal Building
NEXT TO JANE FURSE
PLAZA
Groblersdal Road

Private Bag X 434 JANE FURSE 1085



1. BUSINESS INFORMATION

1.1 Registered Business Name:																			
1.2	1.2 Trading Name:																		
1.3 Company Registration Number												_							
1.4 Tax Clearance Number																			
1.4.1 Expiry Date																			
2. BANKING DETAILS Bank Name																			
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Account Holder's name																			
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Physical Address (if applicable)																			
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3. DETAILS OF CONTACT PERSON:

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Surname																
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Fax Number																
E-mail Address																
4. PRODUCTS AND SERVICES OFFERED																
4.1 List of goods/services your business provides in relation to the principal business of the enterprise. NB: Please write only two goods, Commodities/services, failure to do so will be disqualified.																



CERTIFICATION

I, UNDERSIGNED (NAME)CERTIFIFY THAT THE INFORMATION FUT FORM IS CORRECT. I ACCEPT THAT THE MAY ACT AGAINST ME SHOULD THIS D	JRNISHED ON THIS DECLARATION E MAKHUDUTHAMAGA MUNICIPALITY
Name	Position
Signature	Date