

SUPPLIER REGISTRATION FORM (Companies and Professionals)

Personal details

Name:	Surname:
Date of birth:	Place of Birth:
ID or Passport n.:	Tax n. (if applicable):
Resident in:	

Company Profile

Company Name:	Trading Name:
Type of company:	Value of Share Capital: Rand
Company registration n.:	Registration Date:
VAT n.:	
Annual Financial Turnover during the last 3 years	
Year:	Amount:
Year:	Amount:
Year:	Amount:

Company Structure

Number of Staff:	of which	Number of Directors:
		Number of Employees:
		Number of Technicians:
		Number of Workers:

Registered Company Address

Physical Address:	Postal Address:
Postal Code:	Postal Code:
Telephone:	Fax:
Cellphone:	E-Mail:
Web Site:	

Registered office for delivery tender documents

Physical Address:	Postal Address:
Postal Code:	Postal Code:
Telephone:	Fax:
Cell. n.:	E-Mail:

Contact Person

Name:	Capacity:
Telephone:	E-mail:

Banking Details

Bank Name:	Branch Code:
Physical address:	Branch Name:
Account n.:	Swift Code:
IBAN n.:	



Quality Certifications

Are you in possession of a Quality Certification: **YES** **NO**

(if yes specify) _____

Please mark which category applies to your Company

- Category A: Organization of Trade Exhibitions and Events
- Category B: Office Supplies
- Category C: Furniture and Office Equipment
- Category D: Office maintenance and Renovation
- Category E: Advisory and Legal Consultancies and General Office Services

Have you previously worked with ITC-JHB or with any other Public Entities **YES** **NO**

If yes, please specify:

By signing the SUPPLIER REGISTRATION FORM, the Supplier declares that has read and understood the “Rules and Regulations for the Selection of Contractors / Suppliers” by the Italian Trade Commission Johannesburg Office.

Signed at _____ this _____ day of _____ 20_____

Company Name:

Name of the Signatory:

Capacity:

Signature:
