

### SUPPLIER REGISTRATION FORM (Individuals)

Name:	Surname:
Date of birth:	Place of Birth:
ID or Passport n.:	Tax n. (if applicable):
Resident in:	
Physical Address:	Postal Address:
Postal Code:	Postal Code:
Telephone:	Fax:
Cellphone:	E-Mail:
Web Site:	

#### Banking Details

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

Are you in possession of any certificates and/or diplomas (if yes specify)

YES

NO

1)
2)
3)

Please mark which category applies to your Company

<input type="checkbox"/>	Category A: Organization of Trade Exhibitions and Events
<input type="checkbox"/>	Category B: Office Supplies
<input type="checkbox"/>	Category C: Furniture and Office Equipment
<input type="checkbox"/>	Category D: Office maintenance and Renovation
<input type="checkbox"/>	Category E: Advisory and Legal Consultancies and General Office Services

Have you previously worked with ITC-JHB or with any other Public Entities (if yes specify)

YES

NO




ITALIAN TRADE AGENCY

ICE - Italian Trade Commission

Trade Promotion Section of the Italian Embassy

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:

\_\_\_\_\_