

### SUPPLIER REGISTRATION FORM (Stand Builders)

#### Company Profile

Company Name:	Trading Name:
Type of company:	Value of Share Capital: Rand
Company registration n.:	Registration Date:
VAT n.:	
<b>Annual Financial Turnover during the last 3 years</b>	
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**

<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**      YES       NO

If yes, please specify:


**STATEMENT (Required for the Stand-Building sector)**

**Company Structure**

Establishment (square meters):	Office (square meters):
Warehouse (square meters):	

**Your build-up is done by:**

Your own staff	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Third party:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**The transport of your material is done by:**

Your own vehicles:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Distance covered (km):
Trusted transport company:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
if trusted transport company is used specify <b>Company Name:</b>			

**Your Build-up Material is for:**

Rental use:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Sale:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

List of the geographic areas you have worked:

	year:
	year:
	year:

List of the geographic areas you intend to work in the near future:


Details of one of your major surface area build-up:

Year:
Event:
Area in sqm:
Client:



List of foreign partners that you collaborate with, if any:

Partner Name:	Geographic area:
Partner Name:	Geographic area:
Partner Name:	Geographic area:
Partner Name:	Geographic area:

Name 2 or 3 main projects carried out in the past three years:

Event:
Area sqm:
Client:
Geographic area:
Type of work/structure:

Event:
Area sqm:
Client:
Geographic area:
Type of work/structure:

Event:
Area sqm:
Client:
Geographic area:
Type of work/structure:

**Applicant comments, if any:**


By signing the SUPPLIER REGISTRATION FORM and STATEMENT, 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: