

SUPPLIER REGISTRATION FORM (Stand Builders)

Company Name:	Trading Name:		
Type of company:	Value of Share Capital : Rand		
Company registration n.:	Registration Date:		
VAT n.:			
	ncial Turnover during the last 3 years		
Year:	Amount:		
Year:	Amount:		
Year:	Amount:		
Company Structure			
Number of Stuff:: of v	which Number of Directors:		
	Number of Employees:		
	Number of Technicians:		
	Number of Workers::		
Registered Company Address	T		
Physical Address:	Postal Address:		
Postal Code:	Postal Code:		
Telephone:	Fax:		
Cellphone:	Fax: E-Mail:		
Cellphone: Web Site:	E-Mail:		
Cellphone: Web Site: Registered office for delivery tender docu	E-Mail:		
Cellphone: Web Site:	E-Mail:		
Cellphone: Web Site: Registered office for delivery tender documents Physical Address:	E-Mail: uments Postal Address:		
Cellphone: Web Site: Registered office for delivery tender docu Physical Address: Postal Code:	E-Mail: uments Postal Address: Postal Code:		
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Cellphone: Web Site: Registered office for delivery tender documents Physical Address: Postal Code: Telephone:	E-Mail: Postal Address: Postal Code: Fax: E-Mail:		
Cellphone: Web Site: Registered office for delivery tender document Physical Address: Postal Code: Telephone: Cell. n.: Contact Person Name:	E-Mail: Postal Address: Postal Code: Fax: E-Mail: Capacity:		
Cellphone: Web Site: Registered office for delivery tender document Physical Address: Postal Code: Telephone: Cell. n.: Contact Person	E-Mail: Postal Address: Postal Code: Fax: E-Mail:		
Cellphone: Web Site: Registered office for delivery tender document Physical Address: Postal Code: Telephone: Cell. n.: Contact Person Name: Telephone:	E-Mail: Postal Address: Postal Code: Fax: E-Mail: Capacity:		
Cellphone: Web Site: Registered office for delivery tender document Physical Address: Postal Code: Telephone: Cell. n.: Contact Person Name:	E-Mail: Postal Address: Postal Code: Fax: E-Mail: Capacity:		
Cellphone: Web Site: Registered office for delivery tender document Physical Address: Postal Code: Telephone: Cell. n.: Contact Person Name: Telephone: Telephone:	E-Mail: Postal Address: Postal Code: Fax: E-Mail: Capacity: E-mail:		
Cellphone: Web Site: Registered office for delivery tender document Physical Address: Postal Code: Telephone: Cell. n.: Contact Person Name: Telephone: Telephone: Banking Details Bank Name:	E-Mail: Postal Address: Postal Code: Fax: E-Mail: Capacity: E-mail: Branch Code:		

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Trade Promotion Section of the Italian Embassy
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E-mail: johannesburg@ice.it
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VAT 4000158198

(if yes specify)

Certificate N. 38152/19/S ISO 9001 / UNI EN ISO 9001:2015





Please mark which cate	gory applies to y	our Company					
Category A: Organ	nization of Trade E	xhibitions and Events					
Category B: Office	Category B: Office Supplies						
Category C: Furnit	Category C: Furniture and Office Equipment						
	Category D: Office maintenance and Renovation						
Category E: Advisory and Legal Consultancies and General Office Services							
<u> </u>	, ,						
Have you previously wo	orked with ITC-JF	HB or with any other P	ublic Entities YES ⊟	NO ⊟			
If yes please specify:		,					
	STATEMENT (D	aguired for the Stand	Duilding costor)				
Company Structure	STATEMENT (Re	equired for the Stand-	Building sector)				
Establishment (square r	meters):	Office (square	e meters):				
Warehouse (square met		5 (0 square					
<u> </u>	,						
Your build-up is done b	y:						
Your own staff		YES →	NO →				
Third party:		YES →	NO →				
. ,		<u> </u>					
The transport of your m	naterial is done by	y:					
Your own vehicles:	YES →	NO ⊟	Distance covered (km):				
Trusted transport compa	any: YES 🗐	NO ⊟					
if trusted transport comp	pany is used speci	fy Company Name:					
Your Build-up Material i	is for:						
Rental use:	YES →	NO →					
Sale:	YES 	NO 					
List of the geographic are	eas you have work	xed:		1			
			year:				
			year: year:				
			year.				
List of the geographic are	eas you intend to v	vork in the near future:					
	•						
Details of any afternoon	ior ourfoce	سناط سور					
Details of one of your may Year:	jor surrace area b	ина-ир:					
Event:							
Area in sq:							
Client:							



List of foreign partners that you collaborate	e with, if any:		
Partner Name:	Geograph	ic area:	
Partner Name:	Geograph	ic area:	
Partner Name:	Geograph	ic area:	
Partner Name:	Geograph	ic area:	
Name 2 or 3 main projects carried out in the	ne nast three years:		
Event:	ic past tillee years.		
Area sq:			
Client:			
Geographic area:			
Type of work/structure:			
Event:			
Area sq:			
Client:			
Geographic area:			
Type of work/structure:			
Event:			
Area sq:			
Client:			
Geographic area:			
Type of work/structure:			
By signing the SUPPLIER REGISTRATION understood the "Rules and Regulations f Commission Johannesburg Office. Sigen at	or the Selection of Contra	ctors / Suppliers" by	the Italian Trade
Company Name			
Name of the Signatory			
Capacity:			



POPI ACT AGREEMENT AND CONSENT DECLARATION

l, <u>(</u>), (<u>),</u> ı
agree and understand that ar	participant hat I, as the Company providing in ny/all information and/or personal d/or shared in respect of the service	data supplied or given to the ICE-
 Africa on 26 November 2013 a 11 April 2014, Section (Gazette 37544 if 11 A) 1 July 2020, Sections (Gazette 43461 of 22 J) 30 June 2021, Sections 	2 to 38, Sections 55 to 109, Sectio	39 to 54), Sections 112 and 113 on 111, Section 114(1), (2) and (3)
Signature	_	Date
Name (printed)	<u></u>	