

TO BE COMPLETED BY SUPPLIER

SUPPLIER'S DETAILS:

(A)

| | |
|-------------------------------|--|
| Full Company Name: | |
| P. O. Box: | |
| Physical Address: | |
| Town: | |
| Telephone Numbers: | |
| Email Address: | |
| Contact Person & Designation: | |
| Cell/Mobile Number: | |

(B)

| | |
|--|----|
| PIN Number: (Attach Copy) | |
| VAT Number: (Attach Copy) | |
| Tax Compliance Certificate: (Attach Copy) | |
| Certificate of Incorporation: (Attach Copy) | |
| Trading Title: (If any) | |
| Other Businesses Involved: | |
| Business References: | |
| Directors Names, Addresses, Cell Numbers & Identification Numbers: | 1. |
| | 2. |