**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.** |
|  |  |
|  | **3.** |
|  |  |