

SIYATHEMBA MUNICIPALITY

REGISTRATION ON DATABASE OF SUPLIERS

Name of Firm : _____

Postal Address : _____

Physical Address : _____

Telephone no. : _____

Fax no. : _____

Contact Person : _____

Company Registration
Number : _____

Company/Enterprise
Income Tax Ref. no : _____

UIF no. : _____

Compensation Commissioner : _____

VAT Registration no. : _____

1. Type of firm (tick box)

- Partnership
- One person business / sole trader
- Close corporation
- Pty limited

6. Street address of all facilities used by the firm (e.g. warehouse, storage space, offices ect.)

Address	Facility
_____	_____
_____	_____
_____	_____

7. Banking Details

Bank Name _____
Branch Code _____
Account no. _____
Account name _____

8. Do you share facilities? Yes

No

If yes, which facilities are shared? _____

8. How many permanent staff members are employed by the firm?

Full time : _____

Part time : _____

Signature : _____

Print name : _____

Duly authorized to sign on behalf of

DATE: _____

Please forward completed document to

The Head of Finance
Siyathemba Municipality
P.O. Box 16
PRIESKA
8940

OR

The Head of Finance
Siyathemba Municipality
Victoria Street
PRIESKA
8940

ATTENTION :

H.E.E NIEWNHUIZEN

TEL NR :

(053) 353 5301

FAX NR :

(053) 353 1386