

SUPPLIER REGISTRATION FORM

GENERAL INFORMATION

1. The information provided in this form will be treated as confidential and will not be disclosed to any third party.
2. CRAN reserves the right to request additional information or documents if necessary.
3. A copy of the completed form must be signed on behalf of your business by a duly authorized signatory.
4. Please complete the supplier questionnaire in full and attached all relevant documents as per Part A.
5. Please note that submission of this form to CRAN does not in any manner imply automatic registration or awarding of contracts.

Part A: DOCUMENTS TO BE SUBMITTED

Compulsory documents to be submitted with this application:

- Certified copy of Company/Business Registration
- Copy of Tax Registration Certificate
- Copy VAT registration (Where Applicable)
- Copy of Social Security Good Standing Certificate
- Valid Affirmative Action Compliance Certificate (Where Applicable)
- Original letter from the bank confirming bank details (letter should be on letterhead, stamped and signed by the bank) Alternatively a cancelled Cheque

PART B: GENERAL PARTICULARS

1. COMPANY PROFILE

Registered Name of Business	
Trading Name	
Registration Number (If Applicable)	
Date of Registration	
Type of Business	
VAT Registration number	
Social Security Number	
Physical Trading Address	

Postal Address	
Email address	
Business Tel Number	
Business Fax Number	

PARTICULARS OF CONTACT PERSON	
First Name	
Surname	
Designation	
Direct Telephone Number	
Fax Number	
Cellphone Number	
Email Address	

- Indicate the Business Sector in which your company is involved/operating
 - Transportation Information Technology
 - Security and Safety Services Professional Services
 - Stationery and Printing
 - Cleaning Equipment's & Supplies
 - Properties and Infrastructure
 - Other Trade (Specify)

- If State Owned Enterprise please specify services:

- Since when has the enterprise been in operation? Months/Years

PART C: SHAREHOLDING/OWNERSHIP INFORMATION

List all persons who are shareholders/owners or have an ownership interest in the business. Shareholding must add up to 100%

Multiple copies of this page may be submitted if required

1.

First Name:	
Surname:	
ID Number/ Passport Number	
Percentage Share %	
Nationality	

2.

First Name:	
Surname:	
ID Number/ Passport Number	
Percentage Share %	
Nationality	

3.

First Name:	
Surname:	
ID Number/ Passport Number	
Percentage Share %	
Nationality	

4.

First Name:	
Surname:	
ID Number/ Passport Number	
Percentage Share %	
Nationality	

PARD D: BANKING DETAILS

Name of Banking Institution:	
Branch Name:	
Branch Code:	
Account Type:	
Account Number:	
Swift Code: (If Applicable)	

PART E: TRADE REFERENCES

Pease list at least (3) Customers

1.

Business Name:	
Contact Person:	
Contact Number:	
Goods/Services Provided	
Years Providing Goods/Services	

2.

Business Name:	
Contact Person:	
Contact Number:	
Goods/Services Provided	
Years Providing Goods/Services	

3.

Business Name:	
Contact Person:	
Contact Number:	
Goods/Services Provided	
Years Providing Goods/Services	

PART E: DECLARATION

I, the undersigned warrants that the information contained in this form is correct, and I am fully authorized to furnish the information contained herein on behalf my business.

Name & Surname _____

Signed on this _____ Day of _____ 20____ at _____

Signature

Designation

OFFICIAL USE:

Recommendation by Business Unit Concerned:

Supplier/Contractor Classification: _____

Signature: Head of Department

Date

Procurement

Full Name

Signature

Date

Approval

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Rejection

Procurement Manager

Signature

Date

For Official use only: Accounts Payable

Date Received:	
Received By:	
Validation:	
Approved/Declined By:	
Captured Date:	
Vendor No:	