



New Application Trade Creditor Request

SARS Official Use: Vendor No.

PROC1

Supplier Details

CK No. / / Income Tax Ref. No. PAYE Ref. No. 7 VAT Ref. No. 4

Supplier Name (Legal Name/Registered Name) Bus Tel No.

Trading Name Fax No.

Contact Person Name Cell No.

Contact Person Surname

Email Address (PO)

Email Address (Remit)

Physical Address

Unit No. Complex (if applicable)

Street No. Street / Name of Farm

Suburb / District

City / Town Region Postal Code

Postal Address

Mark here with an "X" if same as above or complete your Postal Address

Postal Code

Bank Account Details

Mark here if you do not have a local savings or cheque account

NOTE: Confirmation of bank details, original letter from bank, as well as a bank stamp on form.

Account Holder Name

Bank Name

Account No. Branch No. Account Type: Cheque Savings / Transmission

Branch Name

Bank Stamp

Detail of Management/Ownership

Names of Directors/Owner/Partners	ID No.	Contact No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

FOR SARS OFFICIAL USE

Vendor num. TCC Expiry Date (CCYYMMDD) Tax Clearance Yes No

BEE Compliance Indicator 1 - Black Equity Ownership % 2 - Black Woman Ownership % 3 - White Woman Ownership % 4 - Non BEE Ownership %

BBBEE Compliance Indicator (01) >=100 points (02) >=85 but <100 points (03) >=75 but <85 points (04) >=65 but <75 points (05) >=55 but <65 points (06) >=45 but <55 points (07) >=40 but <45 points (08) >=30 but <40 points (09) Non Compliant

Payment Terms Class Id

Requested From

Date (CCYYMMDD) Tel.

Checked By

Date (CCYYMMDD)

Authorised by

Date (CCYYMMDD)

Signature

Signature

Signature