

CROSS BORDER ROAD TRANSPORT AGENCY GLEN MANOR OFFICE PARK, BUILDING 3, 138 FRIKKIE DE BEER STREET MENLYN PRETORIA

Email:Mmasabata.Nkhodi@cbrta.co.za

Tel: (012) 471 2000 Fax (012) 369 8467

VENDOR REGISTRATION FORM:

THIS FORM MUST BE COMPLETED AND SUBMITTED TO:

BY HAND: **DATABASE ADMINISTRATOR: For attention:**

MMASABATA NKHODI or

BY MAIL: DATABASE ADMINISTRATOR

P.O. BOX 560 MENLYN PRETORIA '0063

For attention: MMASABATA NKHODI

ENQUIRIES:

The Database Administrator: MMASABATA NKHODI Annexure 1: Required Documentation Checklist

Annexure 2: Commodity list

Annexure 3: General Information & Definition

Kindly submit all relevant documentation requested in ANNEXURE 1

Public Finance Management Act, 1999 (Act 1 of 1999) - (PFMA) Accounting Officers Procurement Procedures - (AOPP)

SERVICE PROVIDER DATABASE REGISTRATION FORM

All sections to be completed in black ink, submitted with an original signature commissioned by an authorized Commissioner of Oaths

SUPPLIER DETAILS								
Supplier/Vendor Number		OFFICIAL USE ONLY						
Registered Name								
Trading as								
Registration Number								
Tax Registration Number								
Tax Certificate Expiry Date								
Classification:	R	Only the main	area of business					
Distributor		1 -						
Exporter		1						
Importer		1						
Manufacturer		1						
Repairer		1						
Sales		1						
Services		1						
35,1122		1						
Type:		R		R				
Private Company (Pty) Ltd			Joint Venture					
Closed Corporation (cc)			Partnership					
Sole Proprietor			Section 21 Company					
Public Company			Trust					
Consortium			Co-orperation					
Foreign Company			Unknown					
Government/Institution/Parastate/O	rgan (of State		<u> </u>				
		-	1					
Area of Operation:	R							
Municipal Area								
Provincial								
National								
Tall Free Number								
Toll Free Number Email Address								
Website URL		_						
Local Municipality								
Comment								
Comment								
Official use:	- 1							
Rating		OF	FICIAL USE ONLY					
Status			FICIAL USE ONLY					
	R	011	I TOTAL OOL OIVE!					
VAT REGISTERED		VAT Registration Nu	mber					
ADDRECC								
ADDRESS			Dootal Address					
Physical Address			Postal Address					

Official use: Blacklisted Reason:	R	
	OFFICIAL USE ONLY	
Expiry Date		

GPS Coordinates:	
Latitude	
Longitude	



BAS

PMIS

SUPPLIER MAINTENANCE

LOGIS

Head Office Only					
Captured By:					
Date Captured: _					
Authorised By:					
Date Authorised:					
Supplier code:					
Enquiries:					
Tel. No.:					

The Director General:

I/W e hereby request and authorise you to pay any amounts, which may accrue to me/us to the credit of my/our account with the mentioned bank.

wcs

CONTRACTOR

I/we understand that the credit transfers hereby authorised will be processed by computer through a system known as

OFFICE:

"ACB - Electronic Fund Transfer Service", and I/we understand that no additional advice of payment will be provided by my/our bank, but that the details of each be printed on my/our bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements).

I/we understand that the Department will supply a payment advice in the normal way, and that it will indicate the date on which the funds will be made available on my/our account.

This authority may be cancelled by me/us by giving thirty days notice by prepaid registered post. Please ensure information is validated as per required.

 $I/W\ e\ understand\ that\ bank\ details\ provided\ should\ be\ exactly\ as\ per\ the\ records\ held\ by\ the\ bank.$

I/W e understand that the Department will not assume responsibility for any delayed payments, as a result of incorrect information supplied.

	Company / Personal Details
Registered Name	
Trading Name	
Tax Number	
VAT Number	
Title:	
Initials:	
First Name:	
Surname:	
	Address Detail
Payment Address	
(Compulsory if Supplier)	
Postal Code	
	New Detail Programme Transport of the Programme
New Supplier i	Individual Department Partnership Company Trust CC Other (Specify)
Department Number	

(Please note that this	s account MUST be in the name of the	supplier. No 3rd party payments allo	wed).			
Account Name						
Account Number Branch Name Branch Number						
Account Type	Cheque Account Savings Account Transmission Account Bond Account Other (Please Specify)					
ID Number						
Passport Number						
Company Registration Number						
*CC Registration *Please include CC/CK Practice Number	where applicable					
		Contact Details				
Business Home	Area Code	– Telephone Number				
Fax	Area Code	Telephone Number				
Cell	Area Code					
Email Address		_				
Contact Person:	Cell Code	Cell Number				
Supplier Si	ignature Region	nal Office Sender	PLEASE RETURN TO THE RELEVANT REGIONAL OFFICE THAT SUPPLIED THE THE FORM OR THE FOLLOWING ADDRESS:			
Print Name		Print Name				
/ Date (dd/mm/y	/ / /yyy) Date (dd/m	Rank / nm/yyyy)				

Supplier Account Details

NB: All relevant fields must be completed

CONTACTS

R

Prlmary					
contact	Contact Name & Surname	Position	Phone Number	Fax Number	Email Address
		l	1	I	L

OWNERSHIP

To be completed for all Proprietors/Members/Shareholders /Partners/Sole Proprietors/Trustees & Owners

	R				R	R	R	R	R		
Name	RSA Resident	ID Number	Date of Blrth	Gender	Male	Fe- male	Black	White	Dls- abled	% Owned	Date From

EQUITY

Please attach Valid B-BBEE Certificate

Val	ups of fol	lowing i	tems depen	dent on	most recent	t Financial	Statement
vai	ues or roi	ilowilla i	terris deberr	uent on	most recen	L FIIIAIICIA	ı Statement

values of following items acpellacife on most recent i maneral statement								
Item	Value / Number							
Total number of full time Employees								
Total Annual _{Turnover}	R							
Total Gross Asset Value	R							

The following table must be completed to establish whether a business can be classified as an SMME in terms of the National Small Business Act 102 of 1996.

Select the Sector and tick ✓ the appropriate blocks in Column 2, 3 and 4 next to your chosen sector

SMME table												
Column 1	Column 2	(tick ap	plicable))	Column 3	(tick app	licable)		Column 4	(tick appl	licable)	
Sectors in accordance with the standard Industrial Council	Total f	al full time paid employees Total Annual turnover (millions)					llions)	Total Gross asset value (property exluced) (millions)				
	Medium	Small	Very Small	Micro	Medium	Small	Very Small	Micro	Medium	Small	Very Small	Micro
Agriculture	100	50	10	5	4m	2m	0.4m	0.15m	4m	2m	0.4m	0.1m
Catering, Accommodation & other trade	100	50	10	5	10m	5m	1m	0.15m	2m	1m	0.2m	0.1m
Community, Social and Personal	100	50	10	5	10m	5m	1m	0.15m	5m	2.5m	0.5m	0.1m
Construction	200	50	20	5	20m	5m	2m	0.15m	4m	1m	0.4m	0.1m
Electricity, Gas and Water	200	50	20	5	40m	10m	4m	0.15m	15m	3.75m	1.5m	0.1m
Finance and Business Services	100	50	10	5	20m	10m	2m	0.15m	4m	2m	0.4m	0.1m
Manufacturing	200	50	20	5	40m	10m	4m	0.15m	15m	3.75m	1.5	0.1m
Mining and Quarrying	200	50	20	5	30m	7.5m	3m	0.15m	18m	4.5m	1.8m	0.1m
Other Trade	100	50	10	5	10m	5m	1m	0.15m	2m	1m	0.2m	0.1m
Retail, Motor Trade and Repair Services	100	50	10	5	30m	15m	3m	0.15m	5m	2.5m	0.5m	0.1m
Transport, Storage and Communications	100	50	10	5	20m	10m	2m	0.15m	5m	2.5m	0.5m	0.1m
Wholesale Trade, Commercial Agents, and Allied Services	100	50	10	5	50m	25m	5m	0.15m	8m	4m	0.5m	0.1m
For officicial use only	1							_				
Summary of results	SMME S	itatus a:	s per abo	ve (✓	appropria	te block)]				
								1	SMME	FINAL	RESULT	R
Column 2	medium	□ sm	nall 🗆 v	ery smal	II 🗆 mici	o 🗆		l	Mlcro			
	l							l	Very Si	mall		
Column 3	medium □ small □ very small □ micro □						l	Small				
	medium □ small □ very small □ micro □						l	Medlun	1			
Column 4	meaium	□ SM	all 🗆 ve	ery smai	ı □ mıcr	0 🗆		l	Large			
								J				
	R											
Dawalli.	¬											
Rocality	+	_										

ACCREDITATION

Please attach Valid ACCREDITATION Certificates - Specific to your business/industry

Reference Number	Expiry Date
	Reference Number

DECLARATION OF INTEREST

- 1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes a price quotation, advertised competitive bid, limited bid or proposal). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
 - the bidder is employed by the state; and/or
 - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.
- 2. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

2.1	Full Name of bidder or his or her representative:
2.2	Identity Number:
2.3	Position occupied in the Company (director, trustee, shareholder²):
2.4	Company Registration Number:
2.5	Tax Reference Number:
2.6	VAT Registration Number:

2.6.1 The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below.

1"State" means -

- (a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
- (b) any municipality or municipal entity;
- (c) provincial legislature;
- (d) national Assembly or the national Council of provinces; or
- (e) Parliament.

²"Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

2.7	Are you or any person connected with the bidder presently employed by the state?	YES / NO
2.7.1	If so, furnish the following particulars:	
	Name of person / director / trustee / shareholder/ member: Name of state institution at which you or the person connected to the bidder is employed: Position occupied in the state institution:	
	Any other particulars:	
2.7.2	If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector?	YES / NO
2.7.2.1	If yes, did you attached proof of such authority to the bid document?	YES / NO
	(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.	
2.7.2.2	If no, furnish reasons for non-submission of such proof:	
2.8 Die	d you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months?	YES / NO
2.8.1	If so, furnish particulars:	
2.9 Do	you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this bid?	YES / NO

	Full Name	Identity	Personal T	'ax	State	Employe
3	Full details of directors / tr					
2.11.	1 If so, furnish particulars:					
2.11	Do you or any of the director of the company have any in whether or not they are bid	nterest in any other rela		YES/	NO	
2.10.	1 If so, furnish particulars.					
2.10	Are you, or any person con aware of any relationshing any other bidder and any who may be involved with of this bid?	p (family, friend, other) y person employed by t	between he state	YES/	NO	
	2.9.1 If so, furnish particula	rs.				

Full Name	Identity Number	Personal Tax Reference Number	State Employee Number / Persal Number

4 DECLARATION

I, THE UNDERSIGNED (NAME)	
CORRECT.	TION FURNISHED IN PARAGRAPHS 2 and 3 ABOVE IS
	IAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF GENERAL CONDITIONS OF CONTRACT SHOULD THIS ALSE.
Signature	Date
Position	Name of bidder

January 2014

ANNEXURE 1 - Required Documentation Checklist

Please ensure that all listed documentation below is attached (where applicable) to the registration form.

All documentation is to be provided in its original format and/or certified.

Document Name					nitted document Attached
Original Valid Tax Clearance Cer	tificate				
Certified Copy of Company Regis	stration Ce	rtificate			
Certified copy of the Valid B-BBE	E Certifica	te			
Certified Copies of Director's ID	documents				
SBD 4 - Conflict of Interest Declar	ration				
SBD 8 - SCM Bid document Dec	aration				
Certified Copies of Compliant Ac	creditation	Certifcates	(for Training as commodity)		
ICT - Sita PSETA - Public Secto SETA - Sector Educa			= -		
Verification Letter of Bank (comp	leted by ba	ank) / Bank	Stamp / Cancelled Cheque		
Any relevant independent agency	ratings /	ndustrial er	ndorsement		
Valid Health Certificate (for Cater	ing as Cor	nmodity)			
Proof of Disability (Doctor's Letter	·)				
Proof of Ownership/Shareholding	Certificate	•			
Company Profile					
Other (please specify):					
For officicial use only					
Captured by:					
Date:		New □		Update □	
Status: Approved □ Decline Done VAT Checked:	d □ Awai Yes □	ting Appro No □	val □ Reason if "No":		
Send Summary Report	Yes □	No □	Reason if "No":		

CROSS BORDER ROAD TRANSPORT AGENCY SUPPLY CHAIN MANAGEMENT DATABASE COMMODITY LIST

Please indicate with ✓ Please note: only 5 commodities will be registered

Construction		Electrical Ocutures	-	IDL b in	_
Airconditioning Systems		Electrical Contracts		Plumbing	<u></u>
Alarm/Security/Access Control		Evacuation Systems		Pumping Installations	
Automatic Hanger Doors Automatic Sliding Doors		Fencing		Roofing & Waterproofing	
Auto Sprinkle Fire Protection Systems		Glazing Hauling/Heavy Equip/Transport		Sewerage Installations/Reticulations	
Cabinet/Furniture Making		Hot Water Installations		Steam Installations & Ancilliary	
Carpeting/Tiling/Floor covering		Landscaping/Earthworks		Equipment	
Cladding Contracts		Lift & Escalator Equipment			
Cooking & Related Systems		Mechanical Contracts			
		Metalwork & Burglar Bars			
		Painting	-	-	
			-	4	
			-	4	
			-	-	<u> </u>
				4	<u> </u>
Services					
Accommodation		Framework Services		Performance Management	
Advertising/Public Relations Auto Repairs & Services		Fire Hydrants		Printing/Photography/Graphic	
Auto Electrical and Hydraulic Repairs		Food & Beverage		Design Promotional Material	
Bookkeepers		Funeral Services		Publishing	
Carpet Cleaning		Florist		Real Estate	
Cartridges		Garden Services		Radio Publicity/TV Publicity	
Catering/Vending/Food Supply		Handyman		Recruitment Agencies	
Cleaning Services Computer Supplies/Services		Horticultural Services		Safety & Security Services	
Corporate Gifts/Corporate Clothing		HV Fault Finding, Jointing &		Security & Access Control Switchgear/Transformers	
Copywriting Courier Services		Terminations		Site Cleaning	
Cleaning Equipment/Materials		Insurance/Employee Benefits Interior/Industrial Design		Telecommunication	
Data Backup Services & Software		IIT Maintenance		Transport Services Goods	
Data Capturing & Management Services Document Binding Services				Transport Services Passengers	
Fire Extinguishers & Refills		IT Management	-	Transportation Services Travel Agencies	
The Extinguishers & Refills		IT Networking IT Programming	-	Telephone& Data Line Maintenance	
		Laundry Service/Dry Cleaning	-	Training & Development	
		Locksmith Services		- Upholsterers	<u> </u>
		Media Liaison		Web pages & Design	
		Mailing/Courier Service			
		Medical/Ambulance/Health Care	-	1	
		Municipal Services	-	1	
		Medical Equipment/Instruments		4	
		Office Maintenance	-	4	
		Personnel Services			
	-	Pest Removal Services	-	1	\vdash
1					
		rest Removal Services	-	-	
		rest Removal Services			

Other (Specify)

Architects Attorneys/Legal	EDMS Consultants	Pre-Employment Assessment
, ,	EAP Consultants	Consultants
Services Archival Services	Economists	Project Managers
Consultants	Industrial Relations Consultants	Statisticians
Business Information Management	Job Description Consultants	Translators
Labour relations(Disciplinary Hearing)	Legal Compliance Consultants	Training Providers
Change Management	Medical Practitioners OHS	Translation Services
Presentation and Facilitation Skills	Consultants Organisation	
Occupational Hewalth and Safety	Development	
Report Writing	Consultants	Other (Specify)
Contractors	Contract Mamagement	James (Episony)
]	
Wholesalers/Traders	To	Destantia Olathia all laifeanna
Automotive Parts	Furniture	Protective Clothing/Uniforms
Air Polution Measuring Equipment	Fencing	Radio/Radio Equipment
Books Batteries	Fire Fighting Equipment and Consumables	Supply Plants, Flowers and Seeds Toilet Paper Wrapped/Unwrapped
Cleaning Supplies/Chemicals/	Food for Game Animals	Traffic Signs/Materials
Pesticides —	Generating Sets Health	Vehicles
Clothing	Safety and	Vehicles, Equipment, Trailers &
Computer Equipment/Software	Environmental Suppliers	
Consumables	IT Hardware and Software	
Domestic Appliances	Industrial Catering Equipment	
Envelopes	NGO's/NBO's	
Groceries	Office Consumables	
Electrical Supplies & Equipment	Office Equipment	
Fire Extinguishing	Paint Supplies	Other (Specify)
Fire Protection & Detection	Paper & Stationery	
Floor Coverings	Refrigeration & Air	
Food Supplies	Conditioning	
Fertilisers	_	
	_	
	_	
	_	
]	
] [
Summary: Core Business In your own words, please state your <u>c</u>	<u>ore</u> business:	

ANNEXURE 3 - General information & Definitions

HDI Ownership Status: Please read notes below very carefully

Instructions and Definitions:

Legislation:

Procedures are set out in the Accounting Officers Procurement Procedures (AOPP). as referred to in the Public Finance Management Act, 1999 (Act 1 of 1999)(PFMA), to give all prospective suppliers an equal opportunity to submit quotations to a State Department.

Terminology:

Commodities:

The commodities the company wishes to be registered for as a supplier. Please define your **PRINCIPAL BUSINESS** to a maximum of 5 commodities.

Trade Names:

The trade names that the company own or distribute, which you wish to be registered for.

Owned:

Having all the customary elements of ownership, including the right of decision-making and sharing all the risks and profits commensurate with the degree of ownership interests as demonstrated by an examination rather than the form of ownership arrangements.

Historically Disadvantaged Individuals (HDI):

For the purpose of registering as a supplier for the Department, the refutable presumption shall be made that SA citizens who fall into population groups that had no franchise in national elections prior to the introduction of the 1983 and 1993 constitution are Historically Disadvantaged Individuals. It is incumbent on individuals to demonstrate their claims to fall into such population groups on the basis of identification and association with and recognition by the members of such a group.

Women:

A female person who is a SA citizen.

Disability:

In respect of a person, a permanent of physical, intellectual, or sensory function, which result in restricted, or lack of, ability to perform an activity in the manner, or within the considered normal for a human being.

Establishment of HDI / Women Equity Ownership in a enterprise:

Equity ownership shall be equated to the percentage of an enterprise which is owned by individuals, or in the case of a company, the percentage shares that are owned by individuals who are actively involved in the management and daily business operations of the enterprise and exercise control over the enterprise, commensurate with their degree of ownership.

Fronting:

Companies with no Black Economic Empowerment (BEE) status illegally claiming to be headed by previously disadvantaged individuals* and claim false BEE credentials in order to win tenders/contracts.

DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

- 1. This Standard Bidding Document must form part of all bids invited.
- 2. It serves as a declaration to be used by institutions in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
- 3. The bid of any bidder may be disregarded if that bidder, or any of its directors have
 - a. abused the institution's supply chain management system;
 - b. committed fraud or any other improper conduct in relation to such system;

٥r

- c. failed to perform on any previous contract.
- 4. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

Item	Question	Yes	No
4.1	Is the bidder or any of its directors listed on the National Treasury's database as companies or persons prohibited from doing business with the public		
	sector? (Companies or persons who are listed on this database were		
	informed in writing of this restriction by the National Treasury after the		
	audi alteram partem rule was applied.)		
4.1.1	If so, furnish particulars:		
4.2	Is the bidder or any of its directors listed on the Register for Tender	П	
1.2	Defaulters in terms of section 29 of the Prevention and Combatting of		
	Corrupt Activities Act (No 12 of 2004)?		
	To access this Register enter the National Treasury's website,		
	www.treasurv.gov.za click on the icon "Register for Tender Defaulters"		
	or submit your written request for a hard copy of the Register to		
	facsimile number (012) 326-5445.		
4.2.1	If so, furnish particulars:		
4.3	Was the bidder or any of its directors convicted by a court of law (including a		
4.3	court outside of the Republic of South Africa) for fraud or corruption during the past five years?	Ц	
4.3.1	If so, furnish particulars:		
4.4	Was any contract between the bidder and any organ of state terminated during the past five years on account of failure to perform on or comply with the contract?		
4.4.1	If so, furnish particulars:		

CERTIFICATION

Position	Name of Bidder
Signature	Date
I ACCEPT THAT, IN ADDITION TO CANCELLATION (AGAINST ME SHOULD THIS DECLARATION PROVE	
I, THE UNDERSIGNED (FULL NAME) CERTIFY THAT THE INFORMATION FURNISHED C CORRECT.	

FORM: SCM 42

No faxes and copies are acceptable, please forward the original form either by hand Please note: or by courier services

				CKEL	OIL ORDER INSTRUCTION
COMPANY'S FULL TRAD	DING NAME			1. I/We hereby request and authorise you to	pay any amounts which accrue to me/us to the
(please print clearly)				credit of my/our account with the mentio	ned bank.
	1			2. I/We understand that the credit transfer h	ereby authorised will be processed by computer through
		Year	Number Ty		und Service", and I/We also understand that no ided by my/our bank, but details of each payment will be
ENTERPRISE REGISTRAT	TION NUMBER	1 1 1		printed on my/our bank statement or any	accompanying voucher. (This does not apply
OR SMME NUMBER (Plea		e Registration Certificate)		where it is not customary for banks to furn	
· ·		,		3. I/We also understand that a payment advice	e will be supplied by CGTA in the normal way,
VAT NUMBER	χП			7	
VAT NOMBER	^				by giving 30 day's notice by pre-paid/registered post.
IDENTITY NUMBER	X			5. I / We will not hold the CGTA liable for any	payment not made into our bank account if the
-		(Please attach a c	copy of your identity document)	bank account details are incorrect or wer	e not supplied to the Department prior to payment.
BUSINESS ADDRESS	Street:				
	Suburb:				
	City:			X	
Telephone an	·)		Initials and Surname	Authorised Signature Date
Fax number an)		initials and Surname	Authorised Signature Date
	nail address:	,			DETAILS OF MY/OUR BANK ACCOUNT
				Name of Bank	
POSTAL ADDRESS	Street:			Name of Branch	
TOOTAL ADDICEOU	Suburb:			Branch Code	
				_	
	City:			Account Name	
	Code:			Account Number	
				Account Type*	If Cheque Account, attach a blank, cancelled cheque
PAYMENT ADDRESS	Street:			*Please enter nur	neric value:
	Suburb:			1 = Cheque A	Account 4 = Bond Account
	City:			2 = Savings	Account 5 = (Not in use)
	Code:			3 = Transmis	sion Account 6 = Subscription Account
Please complete this fo	rm and forward it to:		FOR INTERNAL USE ONLY	DATE STAMP OF BANK	FOR COMPLETION BY BANK OFFICIAL:
			Safetynet verification:	Х	Bank account details are hereby certified as being correct:
			LOGIS Supplier Number:		Name:
			• •		ID Number:
			Capturer: Authorizer:		

Signature: