



**CHRIS HANI DISTRICT MUNICIPALITY**

PRIVATE BAG X7121  
QUEENSTOWN 5320

TEL (045) 808 4600  
FAX (045) 839 2437

**VENDOR REGISTRATION FORM**

READ EXPLANATORY NOTES BEFORE YOU COMPLETE.

COMPLETE IN BLOCK LETTER: USE ONE BLOCK PER LETTER.

**NB ATTACH THE FOLLOWING DOCUMENTS WHEN SUBMITTING THIS FORM**

- 1. Tax Clearance Certificate
- 2. Company Profile
- 3. Company Registration Certificate
- 4. Product Brochures
- 5. Certified ID Copies of Company owners
- 6. Professional Certificates where applicable
- 7. Proof of Residence (Services Acc)
- 8. Bank Statement / Cancelled Cheque

**PART 1**

**PARTICULARS OF ENTERPRISE/EMPLOYER/OWNER**

TRADE NAME OF ENTERPRISE/EMPLOYER

[Grid for Trade Name]

POSTAL ADDRESS

[Grid for Postal Address]

BUSINESS ADDRESS

[Grid for Business Address]

OWNER RESIDENTIAL ADDRESS

[Grid for Owner Residential Address]

NATURE OF PRIMARY ACTIVITIES CONDUCTED

[Grid for Nature of Primary Activities]

TYPE OF ENTERPRISE (Mark with X)

- 01 SOLE PROPRIETOR
- 02 PARTNERSHIP
- 03 PUBLIC SECTOR
- 04 COMPANY/CLOSE CORPORATION
- 05 OTHER: CLUBS, TRUST, etc

IS YOUR BUSINESS TURNOVERS > R5M YES  NO

COMPANY/CLOSE CORPORATION REFERENCE NUMBER  
[Grid]

EMPLOYER'S PAYE REFERENCE NUMBER  
[Grid]

VAT REFERENCE NUMBER  
[Grid]

INCOME TAX REFERENCE NUMBER OF PERSON/ENTERPRISE MENTIONED IN 2.1  
[Grid]

IF YOU ARE NOT REGISTERED FOR ANY OF THE ABOVE, FURNISH REASONS:  
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IF BUSINESS WAS ACQUIRED AFTER 1 JANUARY 1990 FURNISH:  
PREVIOUS TRADE NAME  
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**PART 2 PARTICULARS OF OWNERS**

NAME

[Grid for Name]

E-MAIL ADDRESS

[Grid for E-Mail Address]

TEL NUMBER

[Grid for Tel Number]

FAX NUMBER

[Grid for Fax Number]

CELL NUMBER

[Grid for Cell Number]

PREFERRED METHOD OF COMMUNICATION EMAIL  SMS  BOTH

DOES YOUR COMPANY HAVE A VALID SCORECARD? YES  NO

ARE ANY OF THE OWNERS DISABLED YES  NO

WHAT PERCENTAGE OF THE BUSINESS IS OWNED BY WOMEN? [ ] %

WHAT PERCENTAGE OF THE BUSINESS IS BLACK OWNED [ ] %

IF BUSINESS WAS ACQUIRED AFTER 1 JANUARY 1990 FURNISH:  
2.3.1 PREVIOUS TRADE NAME  
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