

SUPPLIER REGISTRATION FORM

Section1: General Details

Registered Name:			
Trading Name:			
Street Name & No:			
Registration Number (Please provide o	copy of Registration Docume	ent):	
City:		Postal Code:	
Region:		Country:	
P.O Box & Postal Code:			
Postnet Suite No:			
Private Bag:			
B-BBEE Compliant	Yes		
	No		

If Yes please proved us with a copy of your B-BBEE certificate



Section 2: Contact Details for Vendor

Company Representative for Sales and Orders	Company Accounts Clerk
Name:	Name:
Telephone No:	Telephone No:
Mobile No:	Mobile No:
Fax No for Orders:	Fax No for Remit:
Ordering Email:	Remit Email:
Website Address:	
Preferred method of communication: Fax Email SMS	



Section 3: Tax Control
Vat Reg No:
Income Tax No: (Provide a copy of the latest Tax Clearance Certificate)
Section 4: Payment/Banking Details
Bank Name: Branch Code:
Account Number:
Account Type:
Account Holder:
Please provide proof of Bank Account:

e.g. Certified copy of Bank Statement or copy of a cancelled Cheque or original letter from the bank



Section 5: Declaration of Interests

of intere	larations of interest must be completed and signed. (Compulsory.) If there is any known potential conflict est or if any owner, partner or member of the applicant is an official, an employee or a board member of wn Tourism, or is related to an official, an employee or a Board Member of Cape Town Tourism, that ship must be placed on record here.
THE API	PLICANT
SIGNED	ATDAY OF
1.	{Print Name}{Signature}
AS WITI	NESSES
1.	{Print Name}{Signature}
2.	{Print Name}{Signature}



Section 6: Affidavit

Nama

The affidavit must be completed and signed {compulsory}

- I, the undersigned who warrants that I am duly authorised to do so on behalf of the business, confirms that the contents of this Affidavit are within my personal knowledge to the best of my belief both true and correct.
- I, hereby agree that in the event of false, incorrect or misleading information being provided in this declaration, Cape Town Tourism shall have the right to:
 - Recover any losses or damages sustained by Cape Town Tourism Works under such agreement
- Restrict the supplier from further business with Cape Town Tourism depending on the materiality of the misinterpretation and the degree of the prejudice suffered.

Name
Identity No:
Signature:
Commissioner of Oath:
Signed and sworn before me at (place) this the (day) of (month) (year) 2 by the above mentioned who acknowledges that he/she knows and understands the contents of this Affidavit and that it is true and correct to the best of his/her knowledge and that he/she has no objection to taking the prescribed oath will be binding on his/her conscience.
Commissioner of Oaths signature
Print name
Date
Commissioner of Oath stamp:



Section 7: Terms and Conditions

Section 8: For Office Use:

ACCOUNTANT

- 1. CTT to receive a quote/estimate to be approved by the person commissioning the work.
- 2. Purchase Order number emailed to you to signal that the quote has been approved & that work can commence. Please do not proceed without PO number.
- 3. Email or fax your Tax Invoice with the PO number on it to your contact at CTT as soon as the work is completed.
- 4. Our payment terms are strictly 30 days from Invoice date.
- *Please note: After the completion of this application document and you have obtained your Cape Town Tourism supplier number, it remains the responsibility of the supplier to keep Cape Town Tourism informed of any changes of their Supplier Data.



CHECKLIST:

□Copy of Registration Documents
□Copy of B-BBEE Certificate (if applicable)
□Copy of Tax Clearance Certificate (if applicable)
□Certified copy of Bank Statement or copy of a
cancelled Cheque or original letter from the bank