

WESTERN CAPE COMMUNITY EDUCATION & TRAINING COLLEGE



SUPPLIER DETAILS FORM

COMPANY NAME	
PHYSICAL ADDRESS	
TELEPHONE	
EMAIL ADDRESS	
WEBSITE	
POINT OF CONTACT NAME & TITLE	
CONTACT PHONE	

COMPANY OVERVIEW

GENERAL DETAILS OF SERVICES / GOODS OFFERED	
VAT NUMBER	
BBBEE LEVEL	

BANKING INFORMATION

BANK NAME	
BENEFICIARY NAME	
ACCOUNT NUMBER	
BRANCH CODE	

NAME		DESIGNATION	
SIGNATURE		DATE	

For Office Use Only

Date received:		<input type="checkbox"/>	Proof of Address
		<input type="checkbox"/>	Company Registration Documents
		<input type="checkbox"/>	BBBEE-level letter
Vendor No:		<input type="checkbox"/>	Tax Compliance letter
		<input type="checkbox"/>	Bank Confirmation letter
		<input type="checkbox"/>	CSD Report