

# 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