

VENDOR SETUP/UPDATE REQUEST



|        |  |
|--------|--|
| NEW    |  |
| UPDATE |  |

COMPANY CONTACT INFORMATION

|                               |  |                    |  |
|-------------------------------|--|--------------------|--|
| COMPANY NAME                  |  | REGISTERED ADDRESS |  |
| TELEPHONE                     |  |                    |  |
| FAX                           |  |                    |  |
| EMAIL                         |  | WEBSITE            |  |
| POINT OF CONTACT NAME & TITLE |  | CONTACT EMAIL      |  |
| CONTACT PHONE 1               |  | CONTACT PHONE 2    |  |

COMPANY OVERVIEW (Attach proof of registrations)

|  |  |   |  |
|--|--|---|--|
| DETAILS OF SERVICES / GOODS PROCURED                       |  |   |  |
| SOLE SUPPLIER/PREFERRED VENDOR (attach MD approval)        |  | COMPANY REGISTRATION NUMBER (attach proof)    |  |
| VAT REGISTRATION NUMBER (attach VAT registration document) |  | INCOME TAX NUMBER (tax clearance certificate) |  |
| NDA SIGNED (attach copy)                                   |  | SIGNED AGREEMENT (attach copy if applicable)  |  |
| POPIA COMPLIANT (attach declaration)                       |  | INSURANCE COVER (attach confirmation)         |  |
| PAYMENT TERMS  |  | LICENSE/ACCREDITATION NO.                     |  |
| ADDITIONAL INFO  |  |   |  |

BANKING INFORMATION (Attach original bank stamped confirmation letter not older than 3 months)

|                |  |                                    |  |
|----------------|--|------------------------------------|--|
| BANK NAME      |  | BRANCH CODE                        |  |
| ACCOUNT NAME   |  | ACCOUNT TYPE                       |  |
| ACCOUNT NUMBER |  | BANK CONTACT NAME AND PHONE NUMBER |  |

CERTIFICATION

|  |  |                        |  |
|--|--|------------------------|--|
| I hereby affirm that all information supplied is true and accurate to the best of my knowledge and belief, and I understand that this information will be considered material in the evaluation of quotations, bids, and proposals. Notice must be given of any change in status impacting the information provided within ten (10) days of said change. |  |                        |  |
| PRINTED / TYPED NAME (Moyo Executive)  |  | TITLE (Moyo Executive) |  |
| SIGNATURE (Moyo Executive)   |  | DATE                   |  |

