

Vendor Application Form



CPT: N'dabeni Business Park, 6 Inyoni Street, N'dabeni, Cape Town, 7405 | Tel: +27 21 530 1220 | Fax: +27 21 530 1220
JHB: Unit 3, 88 Loper Avenue, Spartan, Extension 2, Aeroport, Johannesburg, 1620 | Tel: +27 11 387 1800 | Fax: +27 11 974 0406

SAPPHIRE
LOGISTICS

All fields on this form are required, if your application is not complete or if attachments are omitted your application will not be accepted.

Company Name:	<input type="text"/>		
Company Reg. No.:	<input type="text"/>		
Company VAT No.:	<input type="text"/>	Income TAX No.:	<input type="text"/>

Contact Details:

Name:	<input type="text"/>	E-mail:	<input type="text"/>
Physical Address:	<input type="text"/>		
Postal Address:	<input type="text"/>		
Postal Code:	<input type="text"/>	Postal Code:	<input type="text"/>
Telephone:	<input type="text"/>	Facsimile:	<input type="text"/>

Banking Details:

Account Holder Name:	<input type="text"/>	Account Number:	<input type="text"/>
Bank:	<input type="text"/>	Branch Code:	<input type="text"/>
		Branch Name:	<input type="text"/>

Briefly describe your company's experience and ability to be an effective supplier to Sapphire Logistics:

Please attach the following required documentation to your application:

<input type="checkbox"/> Broad-Based Black Economic Empowerment (B-BBEE) Certificate	<input type="checkbox"/> Letter from Bank or Cancelled Cheque	<input type="checkbox"/> Company Registration Documents
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Name & Surname:	Signature:	Date (YYYY-MM-DD):
<input type="text"/>	<input type="text"/>	<input type="text"/>