



Supplier Registration Form

Supplier
Category

EXTERNAL SUPPLIER

BUSINESS INFORMATION

General Information			Payment Information		
Company Type Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Individual <input type="checkbox"/> Government department <input type="checkbox"/> Other <input type="checkbox"/> (Specify)					
Date of Incorporation		Year Established		No. of Employees	
Supplier Name			Tax Exempt Yes <input type="checkbox"/> No <input type="checkbox"/>		
			VAT no.		
			Bank Name		Account No.
Authorized Person		Contact Person		Payment Terms <input type="checkbox"/> 100% Advance <input type="checkbox"/> COD <input type="checkbox"/> 50% deposit <input type="checkbox"/> 15 days <input type="checkbox"/> 30 days	
Phone no.		Phone no.	Country code:	Payment Method <input type="checkbox"/> Debit card <input type="checkbox"/> Cheque	
Address					
Registered Address			Billing Address		
City			City		
Country			Country		
Phone/Fax No			Phone/Fax No		
Website/Email			Email		

SUPPLY OF PRODUCTS AND SERVICES

Description of products and or services offered	
Geographic Service Area Local <input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> International <input type="checkbox"/>	Annual Sales 2015 2016 2017
Have you ever exhibited at the Harare Agricultural Show? Yes <input type="checkbox"/> No <input type="checkbox"/>	Which year(s) did you exhibit?



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List prior business interaction with ZAS

	Goods/Services supplied	Value of Supplies (USD)	Date Range mm/yy to mm/yy
1.			
2.			
3.			
4.			
5.			

REFERENCES

Client references

Company Name	Address	Phone no.	Contact person
1.			
2.			
3.			

DOCUMENT CHECKLIST

	Required Documents	No and Validation Date	Remarks
<input type="checkbox"/>	Application Letter		
<input type="checkbox"/>	Company profile		
<input type="checkbox"/>	Certificate of incorporation		
<input type="checkbox"/>	CR 14		
<input type="checkbox"/>	Current Tax Clearance Certificate (ITF 263)		
<input type="checkbox"/>	Banking details		
<input type="checkbox"/>	Letters from three contactable trade references		
<input type="checkbox"/>	All documents certified		



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SUPPLIER

ZAS

The undersigned hereby states that the information provided herein is true,
valid and correct on the date of submission.

For Internal Use

Date Stamp:

Date stamp:

Name:

Name:

Signature:

Signature:

Designation:

Designation