

**VENDOR REGISTRATION/MAINTENANCE
FORM**



Company Name/Claimant:

VAT No./ID No.

Physical Address:

Area Code:

Postal Address:

Postal Code:

Contact Person:

Tel No.:

Fax No.:

Core Business of Vendor

E-Mail: (for remittance advices)

BANKING DETAILS

Banking details to be submitted on a letterhead or a
Cancelled Cheque as confirmation thereof

Account No.:

Bank:

Branch Code:

For use by SAQA: Directorate Finance and Administration

I hereby request that the following vendor be added to our ACCPAC vendor list

Requested by:

Approved by Director:

Date:

Date:

Vendor registered on Accpac
already?

Yes/No

Central Supplier Database Report
Attached?

Yes/No

Vendor/Claimant No.:

Approved by:

Date:

Captured by:

Date: