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## SUPPLIER REGISTRATION / AMENDMENT FORM

Supplier Name	<input type="text"/>		
Payment Method	<input type="text"/>	Currency	<input type="text"/>
Payment Terms	<input type="text"/>	Currency Code	<input type="text" value="ZMk"/>
TPN Number	<input type="text"/>	Vat Reg. NO:	<input type="text"/>
Bank Account	<input type="text"/>	Bank A/C NO:	<input type="text"/>
Physical Address	<input type="text"/>		
Street Number	<input type="text"/>	Street	<input type="text"/>
City\Town	<input type="text"/>	State/Province	<input type="text"/>
Box Number	<input type="text"/>	Postal Code	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>
Web Site	<input type="text"/>	Country	<input type="text"/>
Contact Person	<input type="text"/>		
Telephone	<input type="text"/>	Cell	<input type="text"/>
Fax	<input type="text"/>	E-Mail	<input type="text"/>



## ZESCO LIMITED

### Supplier Type

Local  
External  
One Time  
Employee


### Supplier Class

Manufacturer  
Agent  
Distributor  
Trader  
Clearing Agent


Category

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Reason For Supplier Amendment

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Annual Turn Over:

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Certificate Of Incorporation Number:

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Proof Of at least 3 Customer Reference in Past 3 Years:

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Proof Of Audited Accounts:

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Proof Of Catalogue or Supply List:

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Proof Of Payment of Non Refundable Fee:

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Director[s]:

Name(s):

- 1.
- 2.
- 3.

Contact Details:

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## **ZESCO LIMITED**

- 1.
- 2.
- 3.

<b>Proposed By (User Unit):</b>	<b>Verified By: (Catalogue. Officer)</b>
<b>Name</b> .....	
<b>Name</b> .....	
<b>Signature</b> .....	<b>Signature</b> .....
<b>Checked By (Head of User Unit)</b>	<b>Approved By: (Head of Dept)</b>
<b>Name</b> .....	
<b>Name</b> .....	
<b>Signature</b> .....	
<b>Signature</b> .....	

Note: All the above information to be completed before submitting the form to the Procurement Unit.