## **VENDOR MASTER REQUEST**

Last undate: NOVEMBER 2015	Date:

INSTRUCTIONS		ACCOUNT NO (IF APPLICLABLE)							
<b>•</b>	Please complete the client data fiel								
<b>→</b>	Please take note of the importance of the completeness and accuracy of the data as it will have a direct impact on the accuracy of the scheduling of our services. Use the following website (http://itouchmap.com/latlong.html) if you are not sure where to get the latitude and longitude of pick up point.								
	If you want an electronic copy of the client data sheet at can be requested from keyadmin@rent-a-drum.com.na and we will mail it through.								
<i>,</i>	Please email the completed client data sheet to keyadmin@rent-a-drum.com.na or fax it to +264 88 623 797								
		•							
CLIENT DATA	UPDATE REQUES	<u>ST</u>							
CLIENT LEVEL INFORMA	ATION DECUMED								
General Information	ATION REQUIRED								
<del></del>		Alpha Name ( Legal Name)					*		
	Trading as Name of business						*		
	Company Registration Number			* .					
	Tax Registration Number (If applicable) VAT Registration Number (If applicable)								
		oup of companies (If applicable)					1		
Postal Address							_		
		Postal Address LN1					*		
	Postal Address LN2						- *		
	Postal Code						_ *		
Physical Address		Post Box City	_				_		
		Delivery Address LN1					*		
		Delivery Address LN2					*		
		Postal Code							
		City					_		
		Country					ا .		
	Longitude &	Latitude of service delivery area	<u> </u>						
Additional Communication	<u>detail</u>						_		
Owner/ Managing Director/ Managing		Designation					*		
Member/ Partner		Name and Surname					<b>-</b> *		
		Contact number					- î		
		E-mail address					4		
Responsible for Designation			_				*		
Operational side	Designation Name and Surname						*		
	Contact number						*		
		E-mail address					*		
							1		
Responsible for Finance Designation							*		
	Name and Surname						*		
	Contact number						*		
E-mail address							*		
		Credit limit					*		
Communication Details of	person to receive invoices and		_				_		
		Vendor Telephone Number  Vendor Fax Number					- *		
	Vendor Mobile Number						*		
		Vendor E-Mail Address					*		
BEE Scorecard									
		BEE Contribution Level					7		
		Expiry date					1		
ISO Accreditation							_		
Does your	r company have ISO accreditation						_		
		Accreditation type							
							<u> </u>		
	Services provide currently	Quote needed for additional services (indicated QTY if			Services provide curren	Quote needed for addit services (indicated Q7			
	(indicated QTY if applicable)	applicable)			(indicated QTY if applical		. "		
Bins	<u> </u>			File 13					
KleenBin Skips	+		1	Clear Bags Recyclables			-		
Moloks			1	Box					
Medical Waste				Glass					

Disclaimer:

Vendors hereby confirm the above account detail to be correct. By submitting these information details to Rent-A-Drum (Pty) Ltd from any incorrect invoicing or services delivery. All clients information will be handle as confidential info.