

SUBCONTRACTORS DETAILS

1. FULL REGISTERED NAME OF BUSINESS: _____
2. TRADE NAME: _____
3. PREVIOUS NAME OF BUSINESS: _____
4. BUSINESS REGISTRATION NUMBER: _____
5. VAT NUMBER: _____
6. NATURE OF BUSINESS: _____
7. TYPE OF BUSINESS: _____
8. DATE ESTABLISHED: _____
9. POSTAL ADDRESS: _____
10. PHYSICAL ADDRESS: _____
11. REGISTERED ADDRESS: _____
12. CONTACT DETAILS OF THE OPERATIONS: _____



13. CONTACT DETAILS OF THE ACCOUNTS: _____



14. DETAILS OF MEMBERS/ DIRECTORS/ PARTNERS/ PROPRIETORS:

NAME AND SURNAME: _____

ID NUMBER: _____

RESIDENTIAL ADDRESS: _____

CONTACT NO.: _____

NAME AND SURNAME: _____

ID NUMBER: _____

RESIDENTIAL ADDRESS: _____

CONTACT NO.: _____

15. BANKERS: _____ BRANCH NO: _____ ACC NO: _____

16. PREMISES: OWNED _____ RENTED: _____

LANDLORD: _____

CONTACT NO: _____

17. CONTACT DETAILS OF THE INSURER/BROKER: _____







18. PLEASE RETURN WITH ALL RELEVANT DOCUMENTS AS STATED BELOW:

- CERTIFICATE OF REGISTRATION
- TAX CLEARANCE CERTIFICATE
- VAT REGISTRATION CERTIFICATE
- COMPANY LETTERHEAD
- PROOF OF PHYSICAL ADDRESS
- CANCELLED CHEQUE
- ID'S OF MEMBERS / SHAREHOLDERS / OWNERS/ DIRECTORS
- COPY OF GIT

DATE: _____

SIGNED: _____

NAME IN PRINT