**Foreign vendor application form**

A department should complete this form for foreign vendors which they plan to use on a regular basis so that they can be loaded as a Foreign vendor on SAP.

Return the completed form, plus original current invoice with proof of vendor’s bank details, to Vendor Management, PPS, Rm 2.20, Meulenhof, 93 Main Road, Mowbray. Contact Khaya.Mbulawa@uct.ac.za for queries.

**UCT DEPARTMENT DETAILS (to be completed by UCT department)**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact name |  | Faculty/Area |  |
| Department |  | Tel. No. |  |
| E-mail |  |
| Physical address |  |

**VENDOR DETAILS**

|  |  |
| --- | --- |
| Registered name of company |  |
| Trading name (if applicable) |  |
| Street address  |  | City |  |
| Postal / zip code |  |
| Postal address |  | City |  |
| Postal / zip code |  |
| E-mail |  | Country |  |
| Tel. No. |  | Fax |  |

**BANKING DETAILS (Attach a current invoice not older than 30 days with foreign payment bank details.)**

|  |  |
| --- | --- |
| Name on Account |  |
| Bank name |  | Branch name  |  |
| Country of bank |  | Branch no. |  |
| Bank account no./ IBAN no. |  | Bank address |  |
| Swift Code |  | Sort / ABA no. / Routing no. |  |

**SALES DEPARTMENT CONTACT DETAILS (for Purchase Order receipt – Provide all details)**

|  |  |
| --- | --- |
| Contact person |  |
| Tel. No. |  | Fax |  |
| E-mail |  |

**DECLARATION BY COMPANY REPRESENTATIVE**

I declare that all the above information and the attached documents are true and correct.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Signature |  | Date: |  |
| Position in company |  | E-mail |  |