**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](mailto: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 |  | | |