# **ANNEXURE B: DETAILS OF SERVICE PROVIDER**

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| **Item** | **Detail** | **Description** |
| **Service Provider’s Name** |  | Name of the organisation or individual submitting this bid |
| **Central Supplier Database (CSD) Number** |  | Reference number for the CSD system |
| **Service Provider’s Postal Address** |  | Box number |
|  | Suburb |
|  | Postal code |
| **Service Provider’s Street Address** |  | Number and street name |
|  | Suburb |
|  | Town/city |
|  | Postal code |
| **Service Provider’s Telephone Number** |  | Code and number, e.g., 012 488  9999 |
| **Service Provider’s Facsimile Number** |  | Code and number, e.g., 012 488  9999 |
| **Service Provider’s Registration Number** |  | Company registration number if Applicable |
| **Service Provider’s VAT Registration Number** |  | If applicable |
| **Service Provider’s SARS Tax Number** |  |  |
| **Service Provider’s Tax Clearance Certificate Expiry Date** |  | yyyy-mm-dd, e.g., 2010-03-04 |
| **Contact Person** |  | Contact person for this bid |
| **Contact Person’s Cell Phone Number** |  | Number, e.g., 088 345 6789 |
| **Contact Person’s Email Address** |  |  |
| **Name of Person Signing this Bid** |  | Full name |
| **Date of Signature of the Bid** |  | yyyy-mm-dd, e.g., 2010-03-04 |
| **Capacity Under which this Bid is Signed** |  | Director, member, individual, etc. |
| **Signature** |  | Sign here |