THE DISTRICT COUNCIL OF FLACQ

REGISTRATION OF POTENTIAL SUPPLIERS/CONTRACTORS/CONSULTANTS/SERVICE PROVIDERS

REGISTRATION FORM

Name of Supplier/Contractor : .....

(Company/Individual)

Full Name of Signatory: .....

Capacity in which signatory is signing: .....

Address: .....

.....

Nature of Business(es)

1: .....

2: .....

3: .....

4: .....

(Photocopy of receipt issued for payment of Trade Fee(s) to be attached)

Business Registration Number: .....

VAT Registration Number (if applicable): .....

Telephone no: ..... **Fax no: .....**

Email: .....

Website: http://.....

Signature: ..... **Date: .....**

Please tick whether: I) Micro Enterprise ☐ **Small Enterprise** ☐ **Medium Enterprise** ☐

II) CIA ☐