



**SUPPLIER INFORMATION CHANGE FORM**

**SUPPLIER'S DETAILS**

Name of Company	
Name of Previous Company (if applicable)	
Physical Address	City: _____ Postal Code: _____
Postal Address	City: _____ Postal Code: _____
Contact Person	
Telephone Number	
Fax Number	
e- mail address	

Information to be changed	Tick the applicable box	Documentation required
Banking details	<input type="checkbox"/>	An original letter from the bank with a bank stamp or cancelled cheque
Company name	<input type="checkbox"/>	Certificate of name change (DTI) and existing company's SARS certificate proving that there are no outstanding tax issues.
Ownership details	<input type="checkbox"/>	Company registration document/share certificate
Contact details i.e. Address & telephone	<input type="checkbox"/>	Request to be on a company letterhead
BBBEE status	<input type="checkbox"/>	Valid certificate from an accredited rating agency

**INFORMATION TO BE CHANGED**

**EFFECTIVE DATE OF THE CHANGE**.....

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**NAME OF SIGNATORY**

\_\_\_\_\_  
**CAPACITY**

\_\_\_\_\_  
**DATE OF SIGNATURE**

<p>Submit to: Miss Zandile Mngadi Supply Chain Management 310 Burger Street, Pietermaritzburg, 3201 P O Box 9, Pietermaritzburg, 3200 Tel: 033-3411008/033 341 1033(fax) Email: zandile.mngadi@umgeni.co.za</p>
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