



## TEMO LETLOTLO SUPPLIER REGISTRATION FORM

COMPANY NAME	TRADING NAME
CONTACT PERSON FULL NAME	
TELEPHONE NO	
FAX NO	
MOBILE NO	
E-MAIL	

COMPANY ADDRESSES	
Street	
Physical	
Postal Address	
Town	
City	
Country	

COMPANY DETAILS	NUMBER/CODE	ISSUE DATE
Certificate of Incorporation		
Tax Clearance Certificate		
Trading License:		
a. Selling of Agrochemicals License		
b. Seed Supplier License		
c. Other Trade License		
Latest Shareholder Certificates		

***Submit Certified copies***

COMPANY SHAREHOLDERS NAME	ID NUMBER /PASSPORT NUMBER*	PHYSICAL ADDRESS

***\*Passport numbers is applicable only for Non-Citizen Shareholders  
Submit certified copies***

**BANKING DETAILS**

Name of Bank	
Account Name	
Account Number	
Branch Number	
Branch Name	
E-Mail Address	
<b>TYPE OF ACCOUNT</b>	Tick Applicable Block
Current (Cheque)	
Savings/Transmission	

***Attach Bank confirmation letter.***