

SUPPLIER DETAILS

FULL NAME MOBILE NO

TEMO LETLOTLO TRACTOR SERVICE SUPPLIERS FORM

E-MAIL	
ID: NUMBER	
PHYSICAL ADDRESS	
Street	
Street	
Physical	
Postal Address	
Town	
C:h.	
City	
Country	

Submit A Certified copy of ID

BANKING DETAILS

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

Attach Bank confirmation letter.