

4. Registration Certificate No:.....
5. Maximum Value of Business which you can handle at any one time: SZL.....
6. Name of your Bankers:.....Branch Code:.....

Part 2 Sole Proprietor

Name:.....

Age:.....ID Number:.....Nationality:.....

Part 3 Partnership

Give details of partners as follows:

Name	Nationality	Citizenship Details	Shares
1.....			
2.....			
3.....			
4.....			

Part 4-Eligibility Status

Are you related to an employee, Board or Committee member of the Incomati & Maputo Watercourse Commission? Yes:..... No:.....

If answer above is YES, please provide details below?

Name of INMACOM Official Related to	Nature of Relationship (Father, Mother, Brother, Etc.)
.....	
.....	
.....	
.....	

Are you presently or have been previously under a declaration of ineligibility for corrupt and fraudulent practices? YES:..... No:.....

If answer above is YES, please give details:

.....

.....

I/We DECLARE that the information given on this form is correct to the best of my/our knowledge and belief and that I/We give INMACOM authority to seek any other references concerning me/my/your company from whatever sources deemed relevant e.g Register of Companies, etc.

Date.....Signature of Candidate.....

FORM TECH 3: NATURE OF BUSINESS

1. Business Type: Please select the appropriate business type

Sole Proprietor		Partnership		Company		Cooperative		Other	
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2. Which of the following best describes your business?

Manufacturer		Distributor		Retailer		Dealer		Agent	
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If not a manufacturer, please attach a letter of authorization for the dealership, agency etc.



FORM TECH 4: TERMS OF PAYMENT

Our payment terms are 30 days from the date of invoice/delivery on receipt/acceptance of goods/services.

We/I the undersigned state that the payment terms set by INMACOM are acceptable to us.

Signed:.....in the capacity of.....

Dated.....this day of2022.

Organization's Seal/ Stamp:.....

