ZAMBIA RED CROSS SOCIETY SUPPLIER APPLICATION FORM

Business Registered Name :
Country of Registration & Registration No :
Legal Entity/Business Type:
Registered Office & Location:
Tax Registration No:
Contact Person: **Contact Details :**
Company Directors Addresses. (Shareholders & % holding)
CATEGORY: Items Description:
Bank Details:
Estimated Annual Turnover :

Name
(Print).....
.....

Signed: …… **Dated: ……**