APPLICATION TO REGISTER AS AN APPROVED SUPPLIER

bestMed

This application should be completed in full by all suppliers seeking registration as an approved supplier for Bestmed Medical Scheme in order to do future business with you. All required supporting documentation must be submitted together with this application form, but does not guarantee business with the Scheme. The completed form and all requested documentation should be e-mailed annually to: procurement@bestmed.co.za within 6 months of the supplier's financial year-end.

Supplier registered name STRATEGIC KEY TRADING (PTY) Ltd

Supplier 'Trading as' name

Registration number 2017/153159/07

VAT registration number

Physical address 139 Greenway
Greenside, Randburg Code 2034

Postal address

Code

Website address

E-mail races@iconcept.co.za

DIRECTOR INFORMATION

Initials	Surname	ID Number
R	Moonsamy	8407125128081

CONTACT DETAILS

Contact details for payments

Name Races Moonsamy

Telephone number 011 025 8296

E-mail races@iconcept.co.za

Contact details for purchase orders

Name Races Moonsamy

Telephone number 011 025 8296

E-mail races@iconcept.co.za.

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BANKING DETAILS

Account holder STRATEGIC KEY TRADING (PTY) Ltd

Bank FNB

Branch Alberton

Branch code 250942

Account number 62688500141

Account type Cheque

Bestmed's account number that must be used as payment reference

Permission to conduct a credit check on the entity [X] NO

DECLARATION OF INTEREST

- Do you, or any person connected with your entity have any relationship (family, friend or other) with a person in the employment of Bestmed Medical Scheme (staff, management or Board of Trustees)? YES [X]
- Do you, or any person connected with your entity have any relationship (family, friend or other) with a person who may be involved with the evaluation of this application? YES [X]
- If 'Yes' to any of the 2 questions above, please supply more details

MANDATORY DOCUMENTS TO BE PROVIDED

ATTACHED

YES NO	• A complete copy of this form
[X] NO	• Tax clearance certificate
[X] NO	• BEE certificate, or if applicable:
[X] NO	a sworn affidavit indicating annual turnover less than R10 M; or
YES [X]	a sworn affidavit indicating annual turnover between R10 M - R50 M
YES [X]	• Brief company profile (current clients, products and services etc.)
[X] NO	• Bank letter or cancelled cheque for confirmation of banking details
YES [X]	• A set of audited financial statements (only if deposit or interim payments are applicable)

I, the undersigned, hereby confirm that I am duly authorised to do so, and certify that the information furnished is true and correct.

Surname and initials R Moonsamy

Designation Director

Signature

Date 08032018