SUPPLIER FORM



Email:info@deus.com.gh / www.deus.com.gh

Date:

Name:

Please use the registered company name not the trading name. If you are an individual, please use your own name.

Business Registration Number:

Enter your Business Registration Number on your Certificate from.

Registered Address

Please enter the full registered address of the Supplier or (if you are an individual) thE address of the business.

TIN:

Please enter the Tax Identification Number (TIN) of the Supplier.

Contact Name:

Email Address:

Contact Phone Number:

NB: Attach all Company Certificates and any other relevant documents you think might be of interest.

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

I hereby certify that the information in this application is correct.

Name:		Witness:	
Signature:	Title:		Date:

ALLOW 10-15 BUSINESS DAYS FOR APPLICATION TO BE PROCESSED.

Please complete all information requested. Incomplete applications will not be processed.

P.O.Box CT 10766, Cantonment - Accra Email: deusinfinitumgh@gmail.com support@deus.com.gh



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