



**VENDOR REGISTRATION FORM**

Company Name: \_\_\_\_\_

Registration no: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Service/products offered: \_\_\_\_\_

*Sizwe Hosmed Medical Scheme reserves the right to maintain an updated supplier list every year.*

*Please attach the following supportive documents:*

**Company registration documents, Company profile, Tax clearance certificate, ID document and BBBEE certificate / Affidavit**

Signature of Vendor \_\_\_\_\_ Date \_\_\_\_\_

**JOHANNESBURG**  
 7 West Street,  
 Houghton Estate,  
 Johannesburg,  
 2198  
 Tel: +27(11) 725 0040

**CAPE TOWN**  
 7th Floor,  
 Norton Rose House,  
 8 Riebeeck Street,  
 Cape Town  
 8000  
 +27 (21) 402 9600  
 +27 (21) 418 1400

**DURBAN**  
 19 Hurst Grove,  
 Clifton Grove,  
 Musgrave,  
 Durban,  
 4000  
 Tel: +27 (31) 304 4829  
 Fax: +27 (31) 304 4839

**GQEBERHA**  
 Ground Floor, Block E,  
 Southern Life Gardens,  
 70 - 2nd Avenue,  
 Newton Park  
 Port Elizabeth,6000  
 Tel: +27 (41) 503 1000  
 Fax: +27 (41) 503 1302

**WELKOM**  
 Corner House,  
 Cnr. Buiten & Graaf Street,  
 Welkom CBD  
 9459  
 Tel: +27 (57) 353 1475  
 Fax: +27 (57) 353 1478

**EMALAHLENI (WITBANK)**  
 71 Mandela Drive,  
 Cnr. Plumer and Mandela Drive,  
 Emalahleni  
 1043  
 Tel: +27 (13) 690 3342  
 Fax: +27 (13) 690 3187

**LEPHALALE**  
 Shop 11, Stand 2633,  
 Ellisras,  
 X16 Onverwacht  
 Tel: +27 (14) 880 0614

