
Smart Stream Vendor Registration Form

Min/Dept.:				
Please add the follo	owing vendor to tl	he database.		
Vendor Name:				······································
Vendor Classification - Please tick appropriate box				
Individual	Small Business	Other Business	Medium Size Business	Large Business
TAMIS Number		Compa	any Registration No.: .	
Small Business As	sociation No.:	N	IRN:	
Vendor Address:				
Bank Name Bank Account Number				
Branch Name	•••••			
Name on Account.				
Account Type: D	eposit		Savings	
BIC/ Swift				
Bank Address				
Authorized by :				