Office of the President

Department of Information Communications Technology

ICT Expo
From 17 - 20 May 2016
Expression of Interest Application Form

SUPPLIER DETAILS

SECTION 1. TO BE COMPLETED BY APPLICANTS - IN BLOCK CAPITALS

TIN

Company name

Address

Telephone No Fax No

Email Address

CONTACT DETAILS

SECTION 2. TO BE COMPLETED BY APPLICANTS - IN BLOCK CAPITALS

Name

Position

Telephone No

Email Address

DECLARATION

I,_____ the undersigned acknowledge(s) that the information furnished is true and accurate and also commits to the indicated Terms and Conditions of the Scheme.

Signature of owner/Authorised representative Date

DICT Use Only

Application received by: (Name) _____ Signature _____

Date _____