

<b>GENERAL INFORMATION</b>																		
Vendor Name	:																	
Vendor Address	:																	
<b>CONTACT INFORMATION</b>																		
Name	:																	
Designation	:																	
Phone Number	:																	
E-mail	:																	
Website	:																	
<b>SCOPE OF WORK</b>																		
What type of items, service or scope of work required by this Vendor?	:																	
List of products to be included In the approval?	:																	
Start date and period of services required?	:	Start: Period:																
This Vendor to be registered under?	:	<table border="0"> <tr> <td>AVL</td> <td><input type="checkbox"/></td> <td>MSN HOM AW139</td> <td><input type="checkbox"/></td> </tr> <tr> <td>MSN APMM AW139</td> <td><input type="checkbox"/></td> <td>MSN FENNEC</td> <td><input type="checkbox"/></td> </tr> <tr> <td>MSN APMM AS365N3</td> <td><input type="checkbox"/></td> <td>MSN SUPERLYNX</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Note: You may tick more than one</td> </tr> </table>	AVL	<input type="checkbox"/>	MSN HOM AW139	<input type="checkbox"/>	MSN APMM AW139	<input type="checkbox"/>	MSN FENNEC	<input type="checkbox"/>	MSN APMM AS365N3	<input type="checkbox"/>	MSN SUPERLYNX	<input type="checkbox"/>	Note: You may tick more than one			
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Note: You may tick more than one																		
<b>AUTHORISATION</b>																		
Requested by	:																	
Department	:																	
Signature	:																	
Date	:																	
<b>QA DEPARTMENT USE</b>																		
Received date	:																	
Signature	:																	
Remarks	:																	

*\* All fields are required, Failure to complete all fields will result in your request to being rejected.*

**INSTRUCTIONS FOR FILLING OUT THE GAM/E-011 VENDOR REQUEST FORM.**

GENERAL INFORMATION	
<b>VENDOR NAME</b>	Insert the name of the vendor.
<b>VENDOR ADDRESS</b>	Insert the address of the vendor.
CONTACT INFORMATION	
<b>NAME</b>	Insert the name of the person in charge at the vendor.
<b>DESIGNATION</b>	Insert the designation or position of the vendor person in charge.
<b>PHONE NUMBER</b>	Insert the phone number of the vendor person in charge.
<b>E-MAIL</b>	Insert the e-mail address of the vendor person in charge.
<b>WEBSITE</b>	Insert the website of the vendor.
SCOPE OF WORK	
<b>WHAT TYPE OF ITEMS, SERVICE OR SCOPE OF WORK REQUIRED BY THIS VENDOR?</b>	Provide a description of the items, services, or scope of work required from this vendor.
<b>LIST OF PRODUCTS TO BE INCLUDED IN THE APPROVAL?</b>	List the products that are to be included in the approval process.
<b>START DATE AND PERIOD OF SERVICES REQUIRED?</b>	Insert the start date and specify the period for which the services are required.
<b>THIS VENDOR TO BE REGISTERED UNDER ?</b> AVL <input type="checkbox"/> MSN APMM AW139 <input type="checkbox"/> MSN APMM AS365N3 <input type="checkbox"/> MSN HOM AW139 <input type="checkbox"/> MSN FENNEC <input type="checkbox"/> MSN SUPERLYNX <input type="checkbox"/>	Tick ✓ the appropriate box(es) for registration. Multiple selections are allowed.
AUTHORISATION	
<b>REQUESTED BY</b>	Insert the name of the person requesting the vendor approval.
<b>DEPARTMENT</b>	Insert the department of the requestor.
<b>SIGNATURE</b>	Insert the signature of the requestor.
<b>DATE</b>	Insert the date the requisition is made.
QA DEPARTMENT USE	
<b>Received date</b>	Insert the date when the form was received by the QA department.
<b>Signature</b>	Insert the signature of the QA personnel who received the form.
<b>Remarks</b>	Insert any necessary remarks related to the request.