



**SASOL CONTACT CENTRE**

## Vendor Registration Form – Remedy Request Portal

Dear Supplier,

Please fill in the form, sign and send to [contact.sasolsharedservices@sasol.com](mailto:contact.sasolsharedservices@sasol.com) to gain access to the Supply Chain Service Portal.

This will enable you to register any procurement enquiries and Supply Chain related improvement suggestion submissions.

The Sasol web based interface will provide you with real time progress of cases logged by you.

Fields marked with \* are mandatory for completion. Your application will be attended to as soon as possible.

Information needed:	Information:	Notes / Description:
*Vendor Name:		Insert Company name
*Vendor Code:		Insert Vendor code provided to you
VAT Number:		
*Registered Address:		Insert your address as registered see example below: 10 Wilge Street Secunda Driefontein 2302 (postal code)
Vendor Contact Name:		The complete name of the person for whom the login has to be provided
Vendor Contact Title:		Mr, Ms, Dr, Mrs
*Vendor Contact Job Title:		Example: Financial Controller, Account Manager etc.
*Vendor Contact Land Line Number		Include dialing code e.g. +27 17 610 4777
Vendor Contact Mobile Number:		Include dialing code e.g. +27 82 123 1234
Vendor Contact e-mail		e.g. <a href="mailto:123@mail.com">123@mail.com</a>
Date:		Date of signing the form
Vendor Contact Signature:		
Manager Signature:		