



SUPPLIER REGISTRATION FORM

Ref:

Section 1: Company Details/General Information

1. Name of Company :
2. Contact Name and Title:
3. Address :
Street Address:
P.O. Box :
Town/Country:
4. Telephone:
5. Email:
6. Location:
7. Additional Info:

Validation

Records Officer

.....

Date

Comment :

Plot 12 Tucker Crescent Luzira P.O. Box 22969, Kampala, Uganda.

Contact: +256703323905

email: info@amurufarm.com

Website: <https://www.amurufarm.com>

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