

	APPLICATION FOR SUPPLY GROUP CODE (SGC)	Unique Identifier	240-99686811
		Document Type	Form
		Revision	1
		Effective Date	1 September 2015
		Technology	

1. Name of the Supply Group Owner _____

2. Is the name of the requestor of the SGC the same as the name of the SGC Owner? YES NO

If NO, the requestor must provide his/her name. _____

3. Has the name of requesting supply authority changed? YES NO

4. Previous supply authority name(s)? _____

5. Supply Group Owner Contact details	
Address:	_____

Tel:	_____
Fax:	_____
Email:	_____

6. Supply Group Code(s) Required Details.

SGC	Supply Group Name/ Description
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____

Name _____
Designation _____ Company _____
Signed _____ Date ___/___/___

For Office Use Only	
SGC succesfully generated?	YES <input type="checkbox"/> NO <input type="checkbox"/>
SGC list updated with newly issued SGC?	YES <input type="checkbox"/> NO <input type="checkbox"/>
SGC letter issued?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<u>Verification Sign-off:</u>	
Name:	_____
Designation:	_____
Signature:	_____ Date: _____