



VENDOR FORM : LOCAL SUPPLIERS

Vendor Details	Vendor Name	
	Vendor Contact	
	Contact Email	
	Telephone Number	
	Address	
Bank Details	Bank Name	
	Account Name	
	Account Number	
	Account Currency	
	Account Type (Checking or Savings)	
Instructions	Signature Box	<ol style="list-style-type: none"> 1. Please provide a handwritten signature & date in the adjacent box. 2. Please scan this form and send the pdf copy to Treasury.Invoices@gov.ai 3. For information on payments, contact the department where services were rendered.