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AFRICA
MEDICAL
SUPPLIES
PLATFORM



Buyer Registration

Name of Organisation *

Full Name *

Email Address *

Phone Number *

Registered Address *

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City

State/Province

Zip/Postal Code

South Africa

Country

Physical Operating Address *

City

State/Province

Zip/Postal Code

Country

Date of Registration *

Corporate Registration Number *

Legal Entity Type *

Regulatory/Business License Number (where applicable) *

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Name of Regulatory Body (Licensing authority)

Product or Services Offered *

Website/URL

Certificate of Registration / Incorporation *

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or click to
upload

Maximum upload size:
16.78MB

Operating Licence *

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