



Ministry of Education, Human Development & Culture

SCHOOL UNIFORM GRANT PROGRAMME

VENDORS REGISTRATION FORM

Please print in ink in block letters

Name of Vendor's Business: _____

Name of Manager/Owner: _____
(Last/ Middle/ First Names)

Address: _____

Telephone #: _____ **Fax No. :** _____

Email: _____ **No. presently employed** _____

Photo ID: Type: _____ **#:** _____

Signature of Applicant: _____ **Date:** _____

For Official Use ONLY:

Form checked by Officer (name/ signature/ date):

_____/_____/_____

This application form should only be completed and returned to the Ministry of Education Headquarters.