



SOUTH AFRICAN AIRWAYS

VENDOR APPLICATION FORM					
LOCAL & DOMESTIC STATIONS					
Vendor Account Number:			Company Code(s):		
VENDOR INFORMATION					
Registered Name:					
Trading Name:					
Physical Address:					
Postal Address:					
Phone:		E-mail:		Fax:	
City:		Province:		Postal Code:	
Contact Person:		Phone:		Cellular:	
BANK AND TAX DETAIL					
Name of Bank:					
Branch Name / Number:					
Bank Account Number:					
VAT Registration Number:					
Tax Clearance Certificate Number:					
Tax Clearance Certificate Approved Date:					
Tax Clearance Certificate Expiry Date:					
B-BBEE DETAIL					
B-BBEE Certificate Number:					
B-BBEE Certificate Verification Date:			B-BBEE Certificate Expiry Date:		
Applicable Scorecard: (Tick Applicable Box)	Exempted Micro Enterprise (EME):		Qualifying Small Enterprise(QSE):	General/Large Supplier (GEN):	
B-BBEE Status Level:			Enterprise Development: Yes / No		
B-BBEE Value Adding : Yes / No			% Black Ownership:		
% Black Women Ownership:			% Black People with Disabilities:		
Since when has the enterprise been in operation – Months / Years:					
What is your company's annual turnover (previous financial year):					
Duly Authorised to sign for and behalf of the Enterprise / Organisation:					

Name:	Phone:	Date:
Signature of applicant:		
Designation / Capacity:		

DOCUMENTATION REQUIRED	Attached
Certified Company Registration documents:	
Certified Copies of identity documents of shareholders (where applicable):	
Certified Shareholders' Certificates (where applicable):	
Cancelled Cheque / Stamped Bank Confirmation Letter:	
Latest Valid B-BBEE Certificate:	
Latest Valid Original Clearance Certificate:	
Latest Valid CSD report.	

For Internal Use Only:			
Checklist:	Yes	No	
Certified Company Registration documents:			
Certified Copies of identity documents of shareholders:			
Certified Shareholders' Certificates:			
Cancelled Cheque / Stamped Bank Confirmation Letter:			
Latest Valid B-BBEE Certificate:			
Latest Valid Original Clearance Certificate:			
Contracted Supplier: If yes, attach copy of contract If no, attach GSM Approval Schedule			
SAP Control Account Checked:			
Payment Terms:	Negotiated Contracted Terms	GSM Approval Schedule	B-BBEE: QSE / EME (15 days from invoice)

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Signoff: Official usage		
Requester Name:	Date:	Signature:
Comment:		
Name: GSM: Commodity/Operational Manager	Date:	Signature:
Comment:		

Name: GSM: Admin Coordinator (SAP)	Date:	Signature:
Comment:		
Name: Vendor Master Authoriser: GSM GSM: Procurement Manager	Date:	Signature:
Comment:		
Name: Vendor Master Authoriser: Finance Manager Accounts Payable	Date:	Signature:
Comment:		