| **VENDOR Application form** |
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| Vendor Account Number: | Company Code(s): |
| VENDOR INFORMATION | |

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| 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 Enterprice (EME): | | |  | Qualifying Small Enterprice(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: | | | | |

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| Since when has the enterprise been in operation – Months / Years: |
| What is your company’s annual turnover (previous financial year): |

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| Duly Authorised to sign for and behalf of the Enterprise / Organisation: | | |
| Name: | Phone: | Date: |
| Signature of applicant: | | |
| Designation / Capacity: | | |

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| documentation Required | Attached |
| Cancelled Cheque / Stamped Bank Confirmation Letter not older than one year |  |
| Latest Valid certified B-BBEE Certificate /affidavit |  |
| Latest Valid Clearance Certificate / SARS pin on official SARS documentation : |  |
| CSD Registration Report indicating Tax Compliance as well as successful verification of banking details. The banking details on supporting documents must match the banking details verified on CSD report. |  |
| Certified copies of the following documents: Company registration document, ID copies of shareholders/directors as well as share certificates where applicable |  |

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| 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 | | | |  |  |
| CSD Registration Report indicating Tax Compliance as well as successful verification of banking details. Banking details to match details on supporting documents. | | | |  |  |
| 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: | | |
| Requester Name: | Date: | Signature: |
| Comment: | | |
| Name:  GSM: Commodity/Operational Manager | Date: | Signature: |
| Comment: | | |
| Name:  GSM: Admin Coordinator (SAP) | Date: | Signature: |
| Comment: | | |
| Name: R Slabbert  Vendor Master Authoriser: GSM  GSM: Admin Manager (SAP) | Date: | Signature: |
| Comment: | | |
| Name: H Kleinhans  Vendor Master Authoriser: Finance  Manager Accounts Payable | Date: | Signature: |
| Comment: | | |