



PRASA VENDOR MASTER INPUT AND ASSESSMENT FORM

Company Code	Purchasing Organisation	Purchasing Group	Payment Terms	Accounting Clerk	Trade (SCM)	Sundry (FI)	Payroll (HR)
SAP Mandatory Fields: For Office Use Only		Requested by: _____ Name Handwritten			Date: _____		

Supplier Contact Details

Name of Business	
Trading name	
Registration Number	
VAT number	
Income Tax Reference number	

Business street Address			
		Postal Code	
Business Postal Address			
		Postal Code	
Telephone number		Fax number	
Cellular Phone Number		E-mail address	
Contact Person			
ACCREDITATION	YES		NO
CERTIFICATION BODY [CIDB, CETA etc.]			

Compulsory	Banking Details
Bank Details	To be Validated on CSD

Compulsory

Sourcing Department [Rolling Stock, Infrastructure, HR etc.]	
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Compulsory: Product / Services Category [where applicable you can include more than commodity

1.	4
2.	5.
3.	6.
SHAREHOLDER/OWNERSHIP	Attach the CSD Report
Of the organization and duly confirms that the information given above is authentic. I also declare that I fully understand that any inaccurate information that is deliberately supplied herein will lead to be disqualification of my application.	
Signature of Supplier	
Signed by _____	Signature _____ DATE ____/____/____

Compulsory Reason for loading: Please note that this is a compulsory section. (For Office use)

Contract		Please indicate whether the value of the contract is more than a R1000 000		If the contract is a R1m and above is the VAT certificate include		Three quotes		If other specify the reason for loading
YES	NO	YES	NO	YES	NO	YES	NO	

Please note that all vendors that have been awarded a contract to a value of R 1000 000 and above should be VAT registered

FOR OFFICIAL USE BY END USER DEPARTMENT	FOR OFFICIAL USE BY SCM/ FINANCE /HCM
Approved by: _____	Approved _____
Signature: _____	Signature _____
Name of vendor _____ Handwritten by a manager	Name of vendor _____ Handwritten by a manager
Date- _____	Date _____
APPLICATION CHECKED FOR COMPLIANCE AND LOADED BY:	APPLICATION CHECKED FOR COMPLIANCE AND APPROVED BY:
Signature: _____	Signature: _____
Date _____	Date _____