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IMPORTANT NOTES:

- This schedule must be completed, with due regard to the applicable parts and fields.
- Accurate response to the following is requested to provide Nuclear Operating Unit with sufficient data to evaluate the company's potential ability to comply with technical and quality requirements applicable to Nuclear Power Plants.
- The Questionnaire will also serve to provide other basic information, which may lead to your company's inclusion on the "Approved Suppliers List" or the updating/maintenance thereof.
- In the context of this schedule, the terms "Supplier" and "Company" are used interchangeably and shall be interpreted as referring to the "Tenderer" itself.
- Absolutely no existing text contained in any part/section of this schedule may be altered, deleted, or otherwise defaced. Failure to accede to this condition will render the tender automatically disqualified.
- Use the words N/A (not applicable) where the questions are not relevant

This appendix comprises the following parts:

- Part A – Supplier Information
- Part B – Quality Management / Programme Information
- Part C –Supplier's Additional Notes (Optional)
- Part D – Completed by Details

NOTE: 1. New potential suppliers to complete all the parts.

NOTE: 2. Existing suppliers to the NUCLEAR OPERATING UNIT that planned changes to any part of their business architecture, complete the affected parts of this schedule to reflect the changes.

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PART A – SUPPLIER INFORMATION

1. General Supplier Details	
Registered name of Company:	
Company's Trading Name:	
Primary Company Type: (Manufacturer / Agent / Distributor)	
Principal's Name: (If a Subsidiary company)	
Licensor's Name: (If manufacturing under licence)	
Central Supplier's Database number:	
Formal business association held with: (If an Agent / Distributor)	
Assigned Eskom Vendor Number:	
Applicable Eskom Enquiry / Invitation No:	
2. Details of Supplier's officials in overall charge of:	

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	(Title)	(Full Initials & Surname)	(Position/ Designation)
Managing Director			
Quality Assurance:			
Administration:			

3. Supplier's Address Details			
(Supplier's Physical Address – Head Office)			
Street Name:		Street No:	
Suburb Name:		City / Town:	
Province:		Country:	
Telephone No: (Main Switchboard)		International + Area Dialling Codes:	
Company e-mail address:		Company Internet Web Address (URL):	

4. Supplier's branches/ satellites			
(Supply details concerning <u>every</u> such related facility where multiple, but only if relevant to the items offered)			
Street Name:		Street No:	
Suburb:		City / Town:	

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Province:		Country:	
Telephone No: (Main Switchboard)		International & Area Dialling Codes:	

(Note 3: Copy & paste the above section table, where additional facilities/operations, as required)

5. Supplier's Mode of Supply Details	
The following information specifically relates to the supply of products offered	
Items offered, will be supplied by the supplier, acting in the capacity as follows:	Record relevant item. as applicable or mark N/A
Principal Manufacturer:	
Subsidiary Manufacturer:	
Licensed Manufacturer:	
Agent:	
Distributor:	

6. Sub-supplier/ sub-contractor Details		
(The following information relates to the supply of finished products not being the Supplier's own, e.g., where production is undertaken by a sub-supplier/ sub-contractor to the supplier, incl. "Principals".)		
(Sub-supplier's Details)		
(Origin of Manufacture)	Manufacturer's Name:	

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	Country & Town:	
	Factory Location / Physical Address:	
	Applicable Item.:	
(Sub-supplier's Scope of Responsibilities)		
Areas of Sub-supplier's Responsibility	(Y=Yes / N=No)	Record applicable item
Design:		
Manufacture:		
Assembly:		
Routine Insp. & Testing of Final Product:		
Final Testing and Cert. of Final Product:		

(Note 4: Complete section 6 above relevant to one Sub-supplier only).

(Note 5: Copy & paste the section 6 table for additional Sub-suppliers, as required).

PART B QUALITY MANAGEMENT / PROGRAMME INFORMATION
IMPORTANT NOTES: - Please complete the appropriate answer, namely "YES", "NO" or "N/A". Other responses where relevant. - A non-response to any of the mandatory fields described above will constitute sufficient grounds for the summary disqualification of the applicant

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NO	CRITERIA	SUPPLIER'S RESPONSE (Yes/No/N/A)
1	SYSTEM DOCUMENTATION Our Quality Management/Programme:	
1.1	- Has been fully documented? (If YES, provide a copy of your Quality Management/Programme Manual.)	
1.2	- Has only been partially documented? (If Yes for 1.2, state extent of completion in % of your Quality Management/Programme documentation for the following: • Policy Manual/s • Process Documentation • Work Instructions	
2	MANAGEMENT SYSTEM/PROGRAMME SCOPE OF APPLICABILITY	
2.1	Our Quality Management/Programme documentation currently: - Fully extends to include all the necessary controls, applicable to the product(s) applying for, with due regard to our scope of supply responsibility, as indicated in Part A section 4 above	
2.2	- Do not yet fully provide for the inclusion of the product(s) covered by this application. (If Yes for 2.2, state the extent of the system documentation's shortcomings in respect • process, • procedures and • work instructions etc	

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3	ADDITIONAL NUCLEAR MANAGEMENT SYSTEM CONFORMITY	
3.1	- Our Quality Management/Programme fully conforms with the requirements of an international standard:	
3.1.1	• IAEA Safety Requirements GSR Part 2	
3.1.2	• IAEA INSAG Series No 4	
3.1.3	• IAEA INSAG Series No 13	
3.2	- Our Quality Management/Programme fully conforms to the requirements of an international Quality Management System Standards:	
3.2.1	• ISO 9001:2015	
3.2.2	• ISO 19443:2018	
3.2.3	• ASME Section III Sub-Section NCA-3800	
3.2.3	• ASME Section III Sub-Section NCA-3900	
3.2.4	• ASME Section III Sub-Section NCA-4000	
3.2.5	• ASME NQA-1	
3.2.6	• IEEE 467	
3.3	- Our Quality Management/Programme fully conforms to the requirements of Other Standards	
3.3.1	If Yes for 3.3, provide details of the relevant standards, i.e.	
	-Title -Reference -Standards organization's name	

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4	SYSTEM IMPLEMENTATION	
4.1	- Our Quality Management/Programme currently is: Fully implemented (If yes for 4.1 state, the period for which your Quality Management/Programme has been in full operation.) Also, provide a copy of your current Quality Management/Programme internal, external and supplier audit schedule.	
4.2	- Our Quality Management/Programme currently is: Partially implemented (IF Yes for 4.2, state the extent of system implementation/operation, relative to the components: • Policy Manual/s • Process Documentation • Work Instructions.)	
4.3	- Our Quality Management/Programme currently is: Not implemented yet.	
5	SYSTEM CERTIFICATION	
5.1	- Our Quality Management/Programme has been assessed and currently enjoys certification by an internationally accredited certification body:	
5.2	If Yes to 5.1 state: • The registrar's name, • Country of origin and • Registration number • Accreditation body	

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	Also provide a copy of the registration certificate/s and accompanying schedules.	
5.3	If No to 5.1 state any other approvals from other bodies/customers	
6	SYSTEM CERTIFICATION – SUB SUPPLIER/S, IF AVAILABLE	
6.1	- The Quality Management/Programme of our sub-supplier / sub-contractors responsible for finished / semi-finished SSC, products or services fully comply with the requirements of the international codes and standards listed in 3 above	
6.2	- Our sub-suppliers / sub-contractors Quality Management/Programme has been assessed, and currently enjoy certification by an internationally accredited certification body.	
6.3	If Yes to 6.2 state: • The registrar's name, • Country of origin and • Registration number. • Accreditation body Also provide a copy of the registration certificate and accompanying schedules.	
6.4	If No to 6.2, provide details	
PART C – SUPPLIER'S ADDITIONAL NOTES		

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PART D - COMPLETED BY DETAILS
The respondent, who completes this Schedule Part A or any of the other Parts, is deemed to be: - an official who holds a current and permanent appointment in the company referred in Part A, Section. 1 above. - this official is currently charged with full delegated authority and responsibility for matters concerning the supplier's Quality Management/Programme
Full Names (incl. title):
Designation / Official Position Held:
Signature: Date:
For office use only
PQA File Reference:
Scope of Supply:
Accreditation:
Evaluated of by:
Date of CIF Evaluation:
Contract number awarded if applicable:

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