| **VENDOR Application form**LOCAL & DOMESTIC STATIONS. PLEASE E-MAIL COMPLETED DOCUMENT WITH ALL THE SUPPORTING DOCUMENTS TO vendormaster@flysaa.com  |
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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 B-BBEE Certificate /affidavit |  |
| Latest Valid Clearance Certificate / SARS pin on official SARS documentation : |  |
| CSD Registration Report  |  |

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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 |  |  |
| 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: Bertus SteynVendor Master Authoriser: GSMGSM: Admin Manager (SAP) | Date: | Signature: |
| Comment: |
| Name: Tricia AllyVendor Master Authoriser: FinanceManager Accounts Payable | Date: | Signature: |
| Comment:  |