

Vendor Account Number:				Company Code(s):			
		VENDO	R INI	FORMATION			
Registered Name:							
Trading Name:							
Physical Address:							
Postal Address:							
Phone:	one: E-mail: Fax:						
City:		Province:			Postal	Code:	
Contact Person:		Phone:	Phone: Cellular:		ar:		
		BANK	AND .	TAX DETAIL			
Name of Bank:							
Branch Name / Number:							
Bank Account Number:							
VAT Registration Number:							
Tax Clearance Certificate I	Number:						
Tax Clearance Certificate	Approved D	ate:					
Tax Clearance Certificate I	Expiry Date	:					
		В-Е	BEE	DETAIL			
B-BBEE Certificate Numbe	er:						
B-BBEE Certificate Verific	ation Date:			B-BBEE Certificate Expiry Date:			
Applicable Scorecard: (Tick Applicable Box)	Exempted Enterprice			Qualifying Small Enterprice(QSE):		General/Large Supplier (GEN):	
B-BBEE Status Level:				Yes / No	_		
B-BBEE Value Adding: Yes / No			% Black Ownership:				
% Black Women Ownership: % Black People v			% Black People wit	th Disak	pilities:		
Since when has the enterp	rise been ir	n operation	– Mc	onths / Years:			
What is your company's a	nnual turno	ver (previo	us fir	nancial year):			_
Duly Authorised to sign fo	r and hehal	f of the En	ternri	ise / Organisation:			

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

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	

For Internal Use Only:							
Checklist:				Yes	No		
Certified Company Regist	ration documents:						
Certified Copies of identit	y documents of sharehold	ers:					
Certified Shareholders' Ce	ertificates:						
Cancelled Cheque / Stamp	oed Bank Confirmation Lett	er:					
Latest Valid B-BBEE Certi	ficate:						
Latest Valid Original Clea	rance Certificate:						
Contracted Supplier: If ye	s, attach copy of contract o, attach GSM Approval Sch	nedule					
	ndicating Tax Compliance details to match details to	as well as successful verific supporting documents.	ation of				
SAP Control Account Che	cked:						
Payment Terms:	Negotiated Contracted Terms	Contracted GSM Approval Schedule B-BBEE: QSE / EM (15 days from invo			_		

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 <u>: H Kleinhans</u>					
Vendor Master Authoriser: Finance Manager Accounts Payable	Date:	Signature:			
manager Accounts Fayable	Date.	Signature.			

Comment:			