

	SUPPLIER MANAGEMENT SERVICE REQUEST FORM	Unique Identifier	240-66258615
		Revision	2
		Effective Date	Oct13
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The fields marked thus * are mandatory

Mark with X next to applicable Block	New registration with Contract Award	New Registration request without contract	Supplier updates (COID, BBBEE & Tax Clearance Certificate etc.)	Other (List of suppliers, supplier sourcing and supplier complaints etc.)
If other, please state the request: _____				
Details of Requestor (Buyer/End User)				
Date Requested				
Expected Date to be completed (Requester)				
Name & Surname				
Unique Number				
Department / BU				
Section				
Tel & Cell				
Fax				
Date Requested				
Signature				
Details of Supplier				
*Supplier Name (Company Name)				
*Supplier Vendor number (if existing supplier)				
*Service requested for registration (as per tender approval or motivation from end-user)				
*Site(s) / Location				
*Contact Person's Name				
*Contact details (Tel & Cell)				
Fax Number				
*Email Address/				

CONTROLLED DISCLOSURE

When downloaded from the EDS database, this document is uncontrolled and the responsibility rests with the user to ensure it is line with the authorized version on the database.



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COMPULSORY - Summary of Scope/Supplier Profile and Documents to be submitted

*** Please attach the following together with the request form (NB: A request will not be accepted without this information/documentation)**

Document	Remarks
*Signed approval from Tender committee if a company has been awarded a contract OR a proof that the purchase order has been authorised for dual or triple adjudication	
*Motivation if it is a new request not awarded a contract yet, but for future use	
*Signed SHE (Safety, Health & Environmental) Assessment Report	
*Signed Quality Assessment Report	

Details of Supplier Management Personnel

Date Received	
Name & Surname	
Unique Number	
Tel / Cell	
Email Address	
Date Completed (SD&L)	

I, _____ hereby declare that I have received all required documents and related information to process the above request.

Signed at _____ on this _____ day of _____ 20_____

Signature _____

FOR SHARED SERVICES USE ONLY

I HEREBY ACKNOWLEDGE THAT I HAVE REVIEWED AND ACCEPTED/NOT ACCEPTED THE ABOVE MENTIONED SUPPLIER INFORMATION AND THAT THE ABOVE CONTENT IS CORRECT/INCORRECT AND APPROVED/NOT APPROVED FOR REGISTRATION

Master Data Officer _____ Unique Nr. _____

Signed at _____ on this _____ day of _____ 20_____

Signature _____

Date Completed:	
Vendor Number:	

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SUSTAINABILITY DIVISION, QUALITY MANAGEMENT DEPARTMENT

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