**Annexure 4: Supplier application form**

**IMPORTANT NOTES**

**Please read carefully**

* To be completed by **all** potential vendors seeking registration as an approved supplier;
* The questionnaire must be completed in **full** and be **signed**;
* A **company profile** will **not be accepted** as substitute for the application form
* It should be noted that CABRI reserves the right to accept or reject any application **without being obliged to give any reasons** in this respect;
* Supplier must comply with all the **registration-criteria** for registration to be finalized - f**ailure** to do so may result in the application being declined.

**Supplier detail:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Company / Supplier Name:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company / Close Corporation Registration Number | | | | | | | |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  |  | | |
| VAT registration number (if applicable): | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |
| Income tax reference number: | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |
| Web Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E-Mail Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone Number: |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |
| **Fax Number:** |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | | | | | | | | | | |
| Toll Free Number: |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |
| Number of full time employees: | | |  |  |  |  |

**Postal Address: (compulsory) Physical Address:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Postal Code:** | | | | | | |  |  |  |  |

**Company/Supplier Classification:** (Please the relevant box or boxes)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ISO Listed | Importer | Services | Manufacturer | Repairer | Black Owned | Distributor | Exporter | Sales |

(Please the relevant box)

|  |  |  |
| --- | --- | --- |
| **Tax Clearance Certificate** **(Please attach to application form)** | Attached | To Follow |
| Expiry date: |  |

**Supplier Grouping Detail: Type of Firm:** (Please the relevant box)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Public Company (Ltd) |  |  | 7 | Sole Proprietor |  |
| 2 | Private company (Pty) Ltd |  |  | 8 | Foreign Company |  |
| 3 | Closed Corporation (cc) |  |  | 9 | Partnership |  |
| 4 | Other (specify) |  |  | 10 | Trust |  |
| 5 | Joint Venture |  |  | 11 | Section 21 Company |  |
| 6 | Consortium |  |  | 12 | Government / Parastatals |  |

**Main contact person in your company:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Company Position: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cell phone Number: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ID Number : |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| E-mail address: |  | | | | | | | | | | | | | | |

**Commodities:** Maximum of 3 will be registered

|  |  |
| --- | --- |
| Trade names | Description (Example: Cartridge) |
|  |  |
|  |  |
|  |  |

**The following documents have to be included in your application:**

* Copy of the registration documents of the company/proof of partnership agreement
* Original valid tax clearance certificate
* Copies of the identity documents of the owners of the company

**I/we the undersigned acknowledge(s) that:**

* **The information furnished is true and correct**
* **Any conflict of interest will be declared in the comment space below**

**Declaration of any conflict of interest:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF OWNER OR DATE**

**AUTHORISED REPRESENTATIVE**