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# SUPPLIER / SERVICE PROVIDER APPLICATION FORM

**Section A: Company basic information**

BASIC INFORMATION			
1.1	<b>Company Name</b>		<b>Date</b>
1.2	<b>Company Type</b>	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Close Corporation <input type="checkbox"/> Government Institution <input type="checkbox"/> Trust	<input type="checkbox"/> Partnership <input type="checkbox"/> Company (Private/Public) <input type="checkbox"/> Cooperative <input type="checkbox"/> Other (please specify) _____
1.3	<b>Supplier Type</b>	<input type="checkbox"/> Private Company <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Government Department <input type="checkbox"/> Municipality	<input type="checkbox"/> State Owned Organization <input type="checkbox"/> Educational Institution <input type="checkbox"/> Membership Body <input type="checkbox"/> Other (please specify) _____
1.4	<b>Supplier Locality</b>	<input type="checkbox"/> Local	<input type="checkbox"/> Foreign
1.5	Company registration number		
1.6	UIF number		
1.7	Skills Development number		
1.8	Compensation for Occupational Injuries and Diseases (COID) number:		
1.9	DUNS Number		
TAX INFORMATION			
1.10	Income Tax Number		
1.11	Value Added Tax (VAT) registration number		
1.12	PAYE Number		
1.13	Tax Clearance expiry date		
BEE INFORMATION			
1.15	<b>Type of Enterprise</b>	<input type="checkbox"/> Exempt Micro Enterprise (R0m-R15m) <input type="checkbox"/> Large Company (>R50m)	<input type="checkbox"/> Qualifying Small Enterprise (>R15m-R49m) <input type="checkbox"/> Non-Compliant Contributor
	Black Ownership %		
	Black Women Ownership %		
	Black Youth Ownership % (<=35 years of age)		
	Black Disabled Persons Ownership %		

	Black Person Living in Rural Areas, Underdeveloped areas, or Townships Ownership %	
	Black Military Veteran Ownership %	
	Broad Based BEE Status Level (e.g Level 1)	
	Procurement Recognition Level (e.g 135% recognition level)	
	Empowering Supplier	YES <input type="checkbox"/> NO <input type="checkbox"/>
	B-BBEE expiry date	

### CONTACT INFORMATION

#### Primary Point of Contact

<b>3.1</b>	<b>Contact Name</b>	<b>Designation</b>	<b>E-mail Address</b>		
	<b>Tel</b>	<b>Fax</b>	<b>Cell</b>		

#### Sales Department

<b>3.2</b>	<b>Contact Name</b>	<b>Designation</b>	<b>E-mail Address</b>		
	<b>Tel</b>	<b>Fax</b>	<b>Cell</b>		

#### Finance Department

<b>3.3</b>	<b>Management Name</b>	<b>Designation</b>	<b>E-mail Address</b>		
	<b>Tel</b>	<b>Fax</b>	<b>Cell</b>		

#### Procurement Contact

<b>3.4</b>	<b>Management Name</b>	<b>Designation</b>	<b>E-mail Address</b>		
	<b>Tel</b>	<b>Fax</b>	<b>Cell</b>		

3.8	Address * (Head Office)	Physical					Postal				
	Postal Code										
	Company Website Address (if available)	Generic Email Address									
<b>PROPOSED GOODS AND / OR SERVICES</b>											
1.29	What do you supply?	Goods?		Services?		Other?					
1.29.1	Briefly describe your company's core business:										
1.29.2	Experience in the particular Industry				Years		Months				
<b>PRESENCE</b>											
1.29.3	Region	Western Cape Province	Northern Cape Province	Eastern Cape Province	Free State Province	Limpopo Province	Gauteng Province	Mpumalanga Province	North West Province	Kwazulu Natal Province	
<b>REFERENCES</b>											
2.	Company/Client Name	Contact person/s Name	Tel & Cell number/s of reference		E-mail Address						
2.1											
2.2											
2.3											

COMPANY BANKING DETAILS		
Company registered name		
<i>Payments will be transferred into this account:</i>		
Bank Name		<i>COMPULSORY Bank stamp confirming banking details are correct</i>
Branch Name		
Account number		
Controlling Branch Code		
Type of account		
_____	_____	_____
<b>Bank Official Name &amp; Surname</b>	<b>Signature</b>	<b>Date</b>

*In addition submit Original bank stamped letter confirming bank details.*

## Section B: Third Party Due Diligence and legal Compliance

Quality Management Systems				
4.8.1	Does your company have a policy for quality management?	Yes	No	Reason if "No":
4.8.2	Does your company ensure that your quality management standards are communicated and understood within your organization?	Yes	No	Reason if "No":
4.8.3	Does your company provide your employees with quality-related training or take other actions to achieve the necessary competence?	Yes	No	Reason if "No":
4.8.4	Does your company have procedures for periodically reviewing, monitoring, correcting and improving quality performance?	Yes	No	Reason if "No":
4.8.5	Does your company ensure that your quality management policy is effective in reducing/preventing incident of sub-standard delivery?	Yes	No	Reason if "No":
4.8.6	Does your company have arrangements for ensuring that your suppliers/contractors/sub-contractors apply appropriate quality management measures where applicable?	Yes	No	Reason if "No":
Company Certifications (For any of the below certifications you may have, please fill in Yes or No and attach the scan)				
International Certifications				
ISO				
4.9.1	ISO 9001 - Quality Management	Yes	No	Reason if "No":
4.9.2	ISO 14001 - Environmental Management	Yes	No	Reason if "No":
OHSAS - 18001				
4.9.12	OHSAS 18001 - Health and Safety Management Systems	Yes	No	Reason if "No":
4.9.13	Please upload your OHSAS 18001 certificate:	Yes	No	Reason if "No":
4.9.14	Certificate Expiration:	Yes	No	Reason if "No":

Contractor Health & Safety Prequalification				
Subcontractors				
5.1.1	Does your company use subcontractors?	Yes	No	Provide details
5.1.2	How many subcontractors does your company manage?	#		
5.1.3	What percentage of your company's work is normally subcontracted?	%		
5.5.2	Does your organization provide/supply PPE to all relevant staff at no charge?	Yes	No	Reason if "No":
5.5.3	Does the PPE provided comply with all the legal requirements?	Yes	No	Reason if "No":
5.5.4	Have your PPE employees been trained in the correct use, maintenance and storage of PPE?	Yes	No	Reason if "No":
Risk Assessment				
5.5.6	Are your company's Risk Assessments reviewed to ensure accuracy at a regular interval?	Yes	No	Reason if "No":

**Section F: Checklist of Documents**

<b>DOCUMENTATION TO BE ATTACHED TO THIS APPLICATION FORM</b>				
<b>Item No</b>	<b>Documentation Required</b>	<b>Included</b>		<b>If not included, provide reason</b>
		Yes	No	
1.13	Certified copy of company registration forms	Yes	No	
1.14	Certified copy of tax clearance certificate	Yes	No	
1.15	Certified copies of shareholder certificates and CIPRO documents	Yes	No	
1.16	Certified copies of shareholders / directors / owners / members identity documents.	Yes	No	
1.17	Certified copy of accreditation certificate for relevant industry	Yes	No	
1.18	<b>Current</b> BBBEE Certificate issued by <b>SANAS</b> accredited rating agency or Affidavit for EME and QSE Suppliers	Yes	No	
1.19	Company Profile	Yes	No	
1.20	Audited financial statements for the past 3 years	Yes	No	
1.21	Copy of bank statement / bank stamped letter confirming bank details	Yes	No	
1.22	Proof of Public Liability Cover	Yes	No	
1.23	Proof of Contactors All Risk Insurance Cover (Subcontractors Only)	Yes	No	
1.24	Official Company Letterhead	Yes	No	
1.26	General terms and conditions initialled on each page and signed (Annexure A)	Yes	No	

**Section G: Declaration**

I/we, the undersigned (Print name/s) \_\_\_\_\_;

have reviewed and understood the NEXUS Intertrade Vendor Application form, and I am fully aware of its content including but not limited to compliance with laws and regulations, preventing conflicts of interest, attention to people and the environment, and implementation of procedures and prevention of violations.

I certify that the information as furnished in this document is correct.

\_\_\_\_\_  
Signature/s

\_\_\_\_\_  
Date

\_\_\_\_\_  
Designation

*(Please initial all other pages of this document)*



