



SOUTH AFRICAN AIRWAYS

VENDOR APPLICATION FORM

LOCAL & DOMESTIC STATIONS. PLEASE E-MAIL COMPLETED DOCUMENT WITH ALL THE SUPPORTING DOCUMENTS TO vendormaster@flysaa.com

Vendor Account Number:

Company Code(s):

VENDOR INFORMATION

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
Enterprise (EME):

Qualifying Small
Enterprise(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:

Since when has the enterprise been in operation – Months / Years:

What is your company's annual turnover (previous financial year):

Duly Authorised to sign for and behalf of the Enterprise / 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 B-BBEE Certificate /affidavit	
Latest Valid Clearance Certificate / SARS pin on official SARS documentation :	
CSD Registration Report	

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: <u>Bertus Steyn</u> Vendor Master Authoriser: GSM GSM: Admin Manager (SAP)	Date:	Signature:
Comment:		
Name: <u>Tricia Ally</u> Vendor Master Authoriser: Finance Manager Accounts Payable	Date:	Signature:
Comment:		

