

| Vendor Account Number: | | | Company Code(s): | | |
|------------------------------------------------|----------------------------------|---------------------------------|-----------------------------------|--------------|----------------------------------|
| VENDOR INFORMATION | | | | | |
| Registered Name: | | | | | |
| Trading Name: | | | | | |
| Physical Address: | | | | | |
| Postal Address: | | | | | |
| Phone: | E-mail: | | F | Fax: | |
| City: | Province: | | Р | Postal Code: | |
| Contact Person: | Phone: | | С | Cellular: | |
| | BAN | IK AND | TAX DETAIL | | |
| Name of Bank: | | | | | |
| Branch Name / Number: | | | | | |
| Bank Account Number: | | | | | |
| VAT Registration Number | r: | | | | |
| Tax Clearance Certificate | Number: | | | | |
| Tax Clearance Certificate | Approved Date: | | | | |
| Tax Clearance Certificate | Expiry Date: | | | | |
| | | B-BBEE | DETAIL | | |
| B-BBEE Certificate Numb | er: | | | | |
| B-BBEE Certificate Verification Date: | | B-BBEE Certificate Expiry Date: | | | |
| Applicable Scorecard: (Tick Applicable Box) | Exempted Micro Enterprice (EME): | | Qualifying Small Enterprice(QSE): | | General/Large Supplier (GEN): |
| B-BBEE Status Level: | 3-BBEE Status Level: | | Enterprise Development: Yes / No | | |
| B-BBEE Value Adding : | Yes / No | | % Black Ownership: | | |
| % Black Women Ownersh | nip: | | % Black People with | Disab | pilities: |
| Since when has the enter | prise been in operat | ion – M | onths / Years: | | |
| | | | | | |

| 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 on | as well as successful verific supporting documents. | ation of | | | |
| SAP Control Account Che | cked: | | | | | |
| Payment Terms: | Negotiated Contracted Terms | GSM Approval Schedule | e B-BBEE: QSE / EME (15 days from invoice) | | | |

| 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: | | |

| Comment: | | | |
|----------|--|--|--|
| | | | |
| | | | |