

SUPPLIER QUALIFICATION FORM

SUPPLIER DATA

Name of Supplier:

Date the form submitted to Supplier:

Data provided by:

Name:

Title:

Signature:

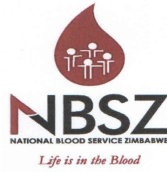
Date:

Date Returned to NBSZ:

NBSZ undertakes to treat all information recorded in this questionnaire as confidential to NBSZ and will only use the recorded information when dealing with the said company.

Form No : FRM_SOP_PUR_03A
Section : Purchasing

Revision No. : 02
Effective Date : 01 November 2015



1. COMPANY INFORMATION

1.1 Full name of Company

1.2 Registration Number

1.3 Physical Address

Postal Address

1.4 Telephone numbers

Fax Numbers

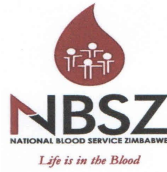
1.5 Principal Officers

<u>Title</u>	<u>Name</u>	<u>Fax Number</u>	<u>Tel Number</u>	<u>Cell Number</u>
Managing Director				
General Manager				
Financial Manager				
Quality Manager				
Marketing Manager				
Sales Manager				
Sales Representative				

1.6 Year the firm was established,

1.7 Corporate ties with others? If so please list/detail

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2. FINANCIAL INFORMATION

2.1 Document Company's VAT registration number and Tax Office

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2.2 State your payment terms and discounts.

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2.3 NBSZ would prefer to pay your Company with bank cheques and Real Time Gross Settlements (RTGS) so detail:

<u>Bank Name</u>		<u>Branch</u>	
<u>Bank Code</u>		<u>Town</u>	
<u>Account Number</u>		<u>Type of Account</u>	

3. PERSONNEL STRUCTURE.

3.1 Does your company have a contingency plan in case of boycotts/strikes etc. If so please detail:

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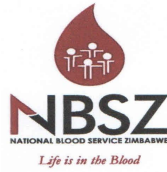
3.2 Detail what statutory Holidays your company takes and detail whether your Company closes down for any annual holidays, for what period and how long:

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3.3 State your Company's after hours service policy

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4. PRODUCTS AND SERVICES

4.1 List main Line Product(s)/Services offered.

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4.2 At what Percentage of Full Capacity are you operating against your top Five products?

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4.3 List your 5 main customers you are presently supplying products/services to. Please detail contact person for reference purposes:

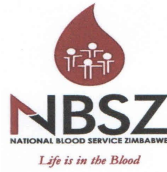
<u>No</u>	<u>Company Name</u>	<u>Contact Person</u>	<u>Telephone No.</u>	<u>Email</u>
1				
2				
3				
4				
5				

5. QUALITY

5.1 Is your Company ISO certified or does it holds any accreditations to any national/international standards?

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5.2 Do you conduct in house Final Product Testing or do you utilize the services of external laboratories.

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6. ENVIRONMENT AND SAFETY

6.1 State your Company's Environmental Policy, if any

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6.2 Are there any special Handling and Storage requirements for the products that you supply? If so, please detail

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6.3 Are there any unique characteristics of the product supplied, eg hazardous or toxic nature we should be aware of? If so please list and supply safety data

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7. TRANSPORT

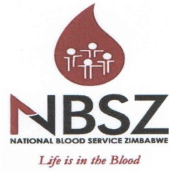
7.1 Does your Company have its own transport or do you contract out?

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7.2 Do you provide off loading terms with each delivery?

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FOR NBSZ USE ONLY

1 Reasonable assurance obtained, so register

Yes/No

2 Assessment comments

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Assessment by: Signature..... Date.....

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