

SUPPLIER QUALIFICATION FORM

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 Revision No. : 02

Section : Purchasing Effective Date : **01 November 2015**



1. <u>COMPANY INFORMATION</u>

1.2 Registration	Number					
1.3 Physical Add	dress		Postal	Address		
1.4 Telephone numbers						
			Fax Numbers			
1.5 Principal Off	ficers Name	Fax N	lumber	Tel Number	Cell Number	
anaging Director						
neral Manager						
nancial Manager						
ality Manager						
arketing Manager						
les Manager les Representative						
1.6 Year the	firm was establis	shed,				
1.7 Corporat		OTC 1 1	ist/detail			

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2. FINANCIAL INFORMATION

2.1 Document Company's VAT reg	gistration number and Tax Office			
		•••••		
2.2 State your payment terms and di	iscounts.			
2.3 NBSZ would prefer to pay your Company with bank cheques and Real Time Gross Settlements (RTGS) so detail:				
nk Name	Branch			
nk Code	Town			
count Number	Type of Account	,		
3.1 Does your company have a contiplease detail:	RE.			
3.1 Does your company have a cont				
3.1 Does your company have a cont				
3.1 Does your company have a continue please detail: 3.2 Detail what statutory Holidays y	your company takes and detail whether	es etc. If so		
3.1 Does your company have a continuous detail: 3.2 Detail what statutory Holidays y	your company takes and detail whether	es etc. If so		
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3.1 Does your company have a continue please detail: 3.2 Detail what statutory Holidays y	your company takes and detail whether	es etc. If so		
3.1 Does your company have a continuous detail: 3.2 Detail what statutory Holidays y closes down for any annual holidays	your company takes and detail whethers, for what period and how long:	es etc. If so		
3.1 Does your company have a continuous detail:	your company takes and detail whethers, for what period and how long:	es etc. If so		
3.1 Does your company have a continuous detail: 3.2 Detail what statutory Holidays y closes down for any annual holidays	your company takes and detail whethers, for what period and how long:	es etc. If so		
3.1 Does your company have a continuous detail: 3.2 Detail what statutory Holidays y closes down for any annual holidays	your company takes and detail whethers, for what period and how long:	es etc. If so		



4. PRODUCTS AND SERVICES

4.2 At produc	what Percentage of Full (ets?	Capacity are you operating	ng agamst your to	op rive
4.3	List your 5 main custom Please detail contact per Company Name		Telephone	services to.
r	Please detail contact per	son for reference purpos	es:	
r	Please detail contact per	son for reference purpos	Telephone	
<u>No</u>	Please detail contact per	son for reference purpos	Telephone	
<u>No</u>	Please detail contact per	son for reference purpos	Telephone	
1 2 3 4	Please detail contact per	son for reference purpos	Telephone	
1 2 3	Please detail contact per	son for reference purpos	Telephone	

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5.2 Do you conduct in house Final Product Testing or do you utilize the services of external laboratories.
6. ENVIRONMENT AND SAFETY
6.1 State your Company's Environmental Policy, if any
6.2 Are there any special Handling and Storage requirements for the products that you supply? If so, please detail
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
7. TRANSPORT
7.1 Does your Company have its own transport or do you contract out?
7.2 Do you provide off loading terms with each delivery?

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FOR NBSZ USE ONLY

Reasonable assurance obtained, so register	Yes/No
ssessment by: Signature	Date

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