



****CONFIDENTIAL****

SUPPLIER REGISTRATION FORM

BUSINESS NAME

--

Upon completion please return to:

BERLIN BEEF Finance and Procurement Office	
1 Smithfield Road East London 5201	PO Box 2992 Beacon Bay 5205

INTRODUCTION

The information provided in this questionnaire will be treated as confidential and will not be disclosed to any third party. **BERLIN BEEF** reserves the right to request additional information or documents to substantiate or verify any of the answers provided in the questionnaire.

The information supplied will also be used to assess your company in terms of our B-BBEE criteria.

The completed questionnaire must be signed on behalf of your company by a duly authorised signatory.

PART 1 - BUSINESS INFORMATION

1. Full registered name of business:
2. Company registration number:
3. VAT registration number:
4. Type of business Sole Prop (Pty) Ltd CC Other
 Partnership Ltd

If other please give details:

5. Physical address of business:

6. Postal address of business:

7. Premises: Owned Rented

Name of landlord if rented

8. Company contact details:

Contact person:	<input style="width: 520px; height: 25px;" type="text"/>
Telephone:	<input style="width: 520px; height: 25px;" type="text"/>
Fax number:	<input style="width: 520px; height: 25px;" type="text"/>
Cell number:	<input style="width: 520px; height: 25px;" type="text"/>
E-Mail address:	<input style="width: 520px; height: 25px;" type="text"/>

9. Company Bona Fides:

BERLIN BEEF requires CERTIFIED COPIES of the following:

- Company Registration documents.
- Identity documents of the owner, partners, shareholders, directors etc.
- Share/shareholder certificates.
- Proof of registration with Workman’s Compensation Commission (if registered).
- Proof of registration with SARS as a VAT vendor (if registered).
- Proof of registration with Unemployment Insurance Fund (UIF) (if registered).

10. State any connection or vested interest of your Directors / Owners / Partners / Proprietors with **BERLIN BEEF**.

PART 2 – HUMAN RESOURCES INFORMATION

1. Does the company have the following plans in place?

1.1	Employment Equity plan	Yes		No	
1.2	Workplace skills plan in line with the Skills Development Act	Yes		No	

2. Does the company adhere to the following legislative requirements?

2.1	Labour Relations Act	Yes		No	
2.2	Basic Conditions of Employment Act	Yes		No	

3. Please complete the following regarding the employment profile:

Total number of permanent employees	
Total number of temporary employees	
Total number of permanent employees professionally qualified	

PART 3 - BEE AND OTHER COMMERCIAL INFORMATION

1. Does the company have BEE / PDI ownership?

Yes No

2. What % of the company is owned by BEE / PDI individuals or entities?

NB: Attach BEE Certificate

PART 4 – TECHNICAL INFORMATION

1. Is the company a certificate holder under ISO, SABS or any other authority?

Yes No

If no, to what standard does the company manufacture products or deliver services?

2. Does the company operate within a formal, auditable Quality Management System?

Yes No

3. Does the company have an Occupational Health, Safety and Environmental Policy and System?

Yes No

4. Does the company comply with the Compensation of Occupational Injuries and Diseases Act?

Yes No

5. Please indicate the products/services provided by the company and for how long such products/services have been provided.

Description of product / service	Years provided

6. Indicate membership of the company or it's personnel to professional bodies.

Membership	Date acquired

7. Supply references of contracts or orders completed in the past 2 years.

Company	Contact Person	Contact Detail	Value

8. Indicate the magnitude of contracts that the company can successfully complete.

< R100 000	
< R500 000	
< R1m	

< R3m	
< R5m	
> R10m	

The above information is correct at the time of completion and supplied by:

Name		Signature	
Designation		Date	

ANNEXURE 1
BANK DETAILS

Berlin Beef prefers effecting payment via EFT hence complete the details below.
(Please attach original cancelled cheque or original bank verification letter)

Supplier Name			
Postal Address:		P O Box	
		Code:	
Physical Address:			
Telephone Numbers:			
a) Business			
b) Facsimile Number:			
c) After hours			
d) Cell Phone			
e) E-mail address			
Contact person:			
Payment terms/discount:			
VAT Registration Number:			
Company Registration Number:			
Bank Details:			
a) Bank			
b) Branch Name			
c) Branch Code			
d) Account Number			
Type of Account	Current (Cheque)	Savings	Transmission
PLEASE MARK APPLICABLE BOX WITH AN "X"			
Responsible Person/Accounts:			
.....		
Name:		Signature:	

For Internal office use	
_____	_____
Buyer:	Procurement Manager:
Processed by: _____	Vendor No.: _____
Input Data Clerk	
_____	_____
Date:	Financial Accountant:

Note: Copy of cancelled cheque required from supplier or bank account confirmation from the bank.

9.1 CREDIT ORDER INSTRUCTION

BERLIN BEEF
P O Box 2992
5205 BEACON BAY

FROM:	
NAME OF CREDITOR:	
POSTAL ADDRESS:	
DATE: (PLEASE PRINT)	

Dear Sirs,

The details of my/our bank account are as follows:

BANK: _____

BRANCH
NAME: _____

Branch Number:									
----------------	--	--	--	--	--	--	--	--	--

Account Number:											
-----------------	--	--	--	--	--	--	--	--	--	--	--

Type of Account:	Current (Cheque)	Savings	Transmission
------------------	------------------	---------	--------------

PLEASE MARK APPLICABLE BOX WITH AN 'X'

I/We hereby request, "instruct" and authorise you to pay any amounts, which may accrue, to me/us to the credit of my/our account with the abovementioned bank.

I/We understand that the credit transfers hereby authorised will be processed by computer AND all payments due to me/my company will be made directly to my bank account. An advice of payment will be provided if required, but details of each payment will be printed on my bank statement or on any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements, e.g. savings accounts or transmission accounts).

I/We understand that remittance advices will be supplied by you in the normal way, and that they will indicate the date on which funds will be available in my/our account. This authority may be cancelled by me/us giving you thirty days notice in writing.

Furthermore, I/we will advise you, in writing, should our banking information change.

Yours faithfully

.....
AUTHORISED SIGNATORY

.....
AUTHORISED SIGNATORY