



VENDOR ACCREDITATION FORM

Introduction

- Completion of this form does not mean that the IRBA has accepted your business entity as a vendor.
- Qualifying as a vendor does not necessarily mean that the IRBA will invite your business entity to tender every time the IRBA puts out tenders or requests for quotations.
- The IRBA will use the information that you fill on this form to pre-qualify your business entity in terms of the criteria stipulated below. This will apply for both existing and new vendors.
- The IRBA will treat all the information that you supply with strict confidentiality.
- The IRBA reserves the right to request additional information or documents regarding answers you provide in this form.
- The IRBA reserves the right to perform an audit to confirm or check any of the answers that you supply.
- Please make sure that your CEO or relevant responsible person of the business entity puts his/her signature to this application before you return it to the IRBA.
- No services should be rendered without an official Purchase Order, as the IRBA will not take any responsibility for the services delivered and may therefore not pay for these services and/or goods delivered.
- Please respond to all questions in the application as incomplete forms will not be processed.

FOR OFFICE USE ONLY	VENDOR NUMBER:.....
SERVICE TO BE RENDERED:	<p>.....</p> <p>.....</p>
Application processed by:	
<p>_____</p> <p>Name of IRBA Official</p>	<p>Date captured: _____</p>

A. GENERAL INFORMATION

Name of Business Entity

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Trading name of entity

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Core Business Activity

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Postal Address of business entity (To which all correspondence must be sent)

Physical Address of business entity (For Inspection Purposes)

Contact details for your business entity

Web address :	
Tel. (Office)	
Fax (Office)	

Registrations: (Please provide Proof of Registration)

	Yes	No	Registration Number
Registration number of Business Entity			
SARS – Business entity tax number			
SARS – VAT number			

B. BROAD-BASED BLACK ECONOMIC EMPOWERMENT (B-BBEE) DETAILS

Does entity has a B-BBEE certificate	YES	NO
<i>If B-BBEE certificate was issued please complete the following information:</i>		
Name of measured entity for which certificate was issued		
Relationship of relevant entity to measured entity stated above		
Current level		
Who issued the certificate		
Date certificate was issued		

If you already have a current B-BBEE Verification Certificate, please attach a certified copy to your application.

Type of firm/ Company (please tick)

<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Manufacturer
<input type="checkbox"/>	Sole Proprietor	<input type="checkbox"/>	Supplier
<input type="checkbox"/>	Close Corporation	<input type="checkbox"/>	Professional service provider
<input type="checkbox"/>	Company	<input type="checkbox"/>	Other (Specify)
<input type="checkbox"/>	Other(specify)	<input type="checkbox"/>	

Total number of years the ENTITY has been in business?

C. FINANCIAL INFORMATION

Kindly indicate your business entity's turnover over the past 3 years

Previous Financial Year (Specify Period):	
Last Financial Year (Specify Period):	
This Financial Year (Specify Period):	

Kindly furnish your business entity's banking details below (Please attach cancelled cheque or proof of bank account details)

Name of Bank					
Name of Branch					
Account Number					
Branch Code					
Account holder					
Type of Account	Current / Cheque		Transmission	Savings	Other(specify)

List your business entity's main customers

Name of Business entity	Name of Contact Person	Telephone Number
a)		
b)		
c)		

D. HUMAN RESOURCES

What is the total full-time staff complement of your business entity?

Management	Skilled	Semi-skilled	Unskilled	Total

E. QUALITY MANAGEMENT

Is your business entity ISO 9001/2:1994 / 9001/2000 listed?

YES

NO

If YES, please provide details below

F. PROCUREMENT

List the **Main Range of Products/Services** your business entity can offer the IRBA
(Please attach own list if space provided is inadequate)

G. DECLARATION

<p>I hereby declare that the above information is correct at the time of completion. I certify that I have the appropriate authority to furnish the above-mentioned information on behalf of my employer.</p>	<p>Respondent's Signature</p> <p>.....</p>
	<p>On behalf of: (Business entity's name)</p> <p>.....</p> <p>Date</p>

Respondent's Name:	Respondent's Title/Position
Business entity Stamp	
<u>Contact Information for your business entity:</u>	
Name of person:	
Designation of person:	
Telephone number:	
Fax number:	
E-mail address:	

CHECKLIST OF DOCUMENTS ATTACHED	YES	NO	N/A
1) Copy of business entity's registration documents: <ul style="list-style-type: none"> • <u>For Close Corporations</u> – a copy of the CIPRO report showing the owners of the cc • <u>For Pty Ltd</u> – a copy of the CIPRO report as well as a copy of the shareholders agreement or a letter from your auditors confirming the shareholding of the company 			
2) Current business entity original Tax Clearance Certificate			
3 Certified copy of entity BEE Verification Certificate			
4) Cancelled cheque or proof of bank account details			