



VENDOR ACCREDITATION FORM

This is an application for registration in the Financial Services Board supplier database for products and services.

All service provider information will be treated strictly confidential.

BUSINESS INFORMATION

1. Title (Prof./Dr/ Mr / Mrs /Ms) and Surname
(if sole proprietor)
2. Registered Name of Company.....
3. 'Trading as' name of business.....
4. Previous name of the business (if applicable).....
5. Physical address of business:
Building / Complex name.....

Street name and number.....

Suburb..... City.....

Code.....
6. Postal address of business:
P O Box / Private Bag..... City/Town.....Code.....
7. Business Contacts :

Contact Name.....

Position:.....

Tel: Dialing Code..... Number.....

Fax: Dialing Code.....Number.....

Business e-mail.....
8. Business registration number
In case of sole proprietor please supply ID number and copy of ID documents
9. Tax number (if applicable).....



10. VAT Registration number (if applicable).....

11. Bank Information

Please attach original bank verification letter or original cancelled cheque.

Bank Acc number..... Acc type.....

Branch Location..... Branch code.....

Account Holder.....

Bank name.....

Please note that the onus is on your company to inform FSB in writing of any changes in your banking details.

12. Describe core business activities.....

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13.1 Type of Company / Firm (Tick)

12.2. Company Classification

<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Manufacturer
<input type="checkbox"/>	Sole Proprietor	<input type="checkbox"/>	An agent
<input type="checkbox"/>	Closed Corporation (cc)	<input type="checkbox"/>	Distributor
<input type="checkbox"/>	Private Co. Pty Ltd	<input type="checkbox"/>	Professional Service Provider (Consulting Services)
<input type="checkbox"/>	Public Company	<input type="checkbox"/>	Other (Specify)
<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>	

EMPOWERMENT

14.1 List details of current partners, proprietors and shareholders as per the table below:

SURNAME & INITIALS	IDENTITY NUMBER	CITIZENSHIP	PDI Y/N	MALE / FEMALE	DISABLED Y/N	% OWNED	VOTING Y/N



14.2 “Historically Disadvantaged Individual (HDI)” means a South African citizen

- (1) who, due to the apartheid policy that had been in place, had no franchise in national elections prior to the introduction of the Constitution of the Republic of South Africa, 1983 (Act No 110 of 1983) or the Constitution of the Republic of South Africa, 1993, (Act No 200 of 1993) (“the interim Constitution); and/or
- (2) who is a female; and/or
- (3) who has a disability:

provided that a person who obtained South African citizenship on or after the coming into effect of the Interim Constitution, is deemed not to be a HDI;

	Max point allowed	% claim	Points claimed
Equity ownership by persons who had no franchise in the national elections	12		
Equity ownership by women	4		
Equity ownership by disabled persons	4		

15. Provide details (listed below) of individuals responsible for the following daily activities in your firm.

	SURNAME & INITIALS	PDI	MALE / FEMALE	LENGTH OF SERVICE
FINANCIAL DECISIONS				
Signing of cheques				
Signing and co-signing for loans				
Acquiring lines of credit				
Major acquisition/ purchase				
Signing contracts				
MANAGEMENT DECISIONS				
Quotations				
Marketing and sales				
HR of management staff				
HR of non-management staff				
Supervision of production				



16. Please provide demographical breakdown of your work force as per table below

	Black		Asian		Coloured		White		Total		TOTAL
	M	F	M	F	M	F	M	F	M	F	
Permanent Employees											
Consultants/Contractors											
Top Management/ Directors											
Middle Management											
Lower Level											
Physically Handicapped											

17. What was your gross turnover in the previous financial year R.....

18. What percentage of your work force is from local (Nationally)
Geographically: %.....(Province)

19. What percentage of your material is from South Africa?
.....%

20. Does your company/Entity have formalised development, training or skills transfer policies or practices in place? Yes..... No.....

21. Does your company/Entity support any external education, development and accelerated learning programmes? Yes..... No.....

22. Does your company/Entity have a formal Social Responsibility or Social Upliftment Policy or Programme? Yes..... No.....

- What percentage of Profit before tax (Pbt) was spent on Social Responsibility.

Fin Year	Name of Project	Location	%of Pbt spent
2004			
2005			
2006			

23. Provide details of Trade Associations/Professional Bodies in which you have membership:

NAME OF ASSOCIATION	SINCE	VOTING	TYPE



24. Since when has the firm been in business?

25. Attach the firm's latest audited balance sheet and / or copy of latest audited annual financial statement.

KINDLY ENSURE THAT THE FOLLOWING DOCUMENTATION IS ATTACHED: -

- Cancelled Cheque*
- Certified Copy of Identity Documents of Shareholders/Directors (where applicable)*
(N/a to public companies and in the case of partnerships only for those partners that will be directly involved with the service)
- Certified Copy of Share Certificates*
Only applicable to private companies and Close Corporations)
- Certified Copies of Company registration documents*
- Tax clearance certificate Copies of the TCC001 "Application for a Tax Clearance Certificate" form are available from any SARS branch office nationally or on the website www.sars.gov.za.*
- Certified Copy of Financial Statements*
- Certified Copy of Equity Plan / Training Plan*
- Application is signed by a Commissioner Of Oaths*
- Other Relevant Documentation (e.g Company Profile)*

I THE UNDERSIGNED WARRANT THAT I AM DULY AUTHORISED TO DO SO ON BEHALF OF THE FIRM/ORGANISATION AND THAT THE INFORMATION FURNISHED IS TRUE AND CORRECT.

NAME :

DESIGNATION:

SIGNATURE :DATE.....

DULY AUTHORISED TO SIGN FOR AND ON BEHALF OF (FIRM/ORGANISATION)

.....

ADDRESS:

.....

.....



TELEPHONE:

COMMISSIONER OF OATHS:

DATE: