

All supplier information will be treated strictly confidential.

Please submit with your application:

1. An **original** cancelled cheque or stamped letter from the bank, verifying the banking details.
Please note that any changes to bank details in future will be subject to the same requirement.
2. Copy of Company Registration Documents
3. Copy of ID Documents of directors/owners/members/ shareholders
4. Copy of Current VAT certificate (where applicable)
5. Copy of Current TAX clearance certificate
6. Copy of COID (Compensation for Occupational Injuries and Diseases) registration certificate e.g Letter of good standing
7. Copy of any other registration certificate pertaining to your relevant industry, e.g. ECB (Electrical Contractors Board)
8. Companies claiming Black Empowerment as per FAIS Ombud's definitions (page 2), to submit copies of the following:
 - 8.1 Close Corporations to attach an Association Agreement;
 - 8.2 (Pty) Ltd's to attach Shareholders Agreement, Memorandum of Association as well as Share Certificates.
 - 8.3 Non Registered businesses to attach a Partnership Agreement.
(The above documents to stipulate Management responsibilities, Profit sharing, Liabilities / responsibilities, Management contribution, Protection in case of death, etc.)
 - 8.4 Letter from the bank stating all signatories.

SECTION A:

Title (Prof. / Dr / Mr / Mrs / Ms/) and Surname : _____

(If one-man concern)

'Trading as' name of business: _____

(Contracts/orders will be placed on this name and invoices must reflect it)

Registered name of business: _____

Physical address of business:

Building / complex name: _____

Street name and number : _____

Suburb : _____ City : _____

Code: _____ Country: _____

Postal address of business: *(This is the address to which an Invitation to Tender / enquiry and orders / contracts must be sent to)*

Postnet address: _____

P O Box / Private Bag : _____ City/Town: _____ Code: _____

Telephone numbers of business: Code: _____ Number: _____

Alternative number of business: Code: _____ Number: _____

Sales person contacts: Code: _____ Number: _____ Email: _____
(Used by FAIS Ombud for request for Quotations, Contracts and Purchase orders)

Accounting Clerk's fax number: Code: _____ Number: _____
(Used by Eskom for proof of payment / account information)

Is this a dedicated fax number? (y/n) _____

Business e-mail : _____

Your own business contact person/sales representative name and telephone number: _____ Tel: _____

Is your business a Government entity? _____(Y/N)

Business Registration number (if applicable) _____
(in case of one-man concern, please furnish identity number plus copy of identity documents)

Tax number of business: _____

VAT Registration number: (if applicable) _____

BLACK ENTERPRISES

The following is a guide to you as to how the FAIS Ombud defines Black Enterprise Companies:

Definition: 'Black' means South African citizens who are Black, Indian or Coloured persons and EXCLUDES individuals belonging to such communities from any other country.

Black Women-owned Enterprises (BWO):

- At least 50% of the voting shares or interests are held and controlled by Black Women, and
- Black Women have contributed at least 50% of the required capital, and
- Black Women in the enterprise have not been given voting shares or interest just to capture or retain contracts, and
- Black Women participate in the day to day management and decision making of the enterprise. They necessarily have the aptitude and potential to understand all issues involved in the running of the enterprise including knowledge of the product and market within which their enterprise operates.
- In a joint venture, skill must be transferable to the Black Women entrepreneur, which means that the Black Women entrepreneur must have the required educational level and/or aptitude.
- Enterprises with sales or turnover of less than R25 million a year.

Small, Medium and Micro Enterprise (SMME):

- As above, but with ownership held by Black Males.

Black Empowering Enterprises (BEE):

In order to qualify as a BEE Supplier, a Large Supplier must score at least one point each on Black ownership, Black management, % Black skilled personnel and purchasing from BEE suppliers.

When a Large Supplier earns 9 or more points on the table below, it is considered a BEE Supplier.

In the case of Other BEE Initiatives, the Black Supplier Manager will decide whether an additional point should be allocated or not.

BEE SUPPLIER RATING CRITERIA FOR SUPPLIER AND TENDER EVALUATION

CRITERIA	1	2	3
Black Ownership	10% to <20%	20% to 50%	>50%
Black Management	20% to <35%	35% to 50%	>50%
Black Skilled Personnel	20% to <35%	35% to 50%	>50%
Procurement from Black/BEE Suppliers	10% to <20%	20% to 25%	>25 %
Black Female Management	1% to <5%	5% to 10%	>10%
Other BEE Initiatives <i>(provide details)</i>	One point at FAIS Ombud's discretion		
Employment of the Black Disabled <i>(provide details)</i>	One point at FAIS Ombud's discretion		

Large Black Suppliers (LBS)

- Same as for BEE but with more than 50% Black Ownership.

Other Suppliers (OTH):

- No or less than 50% Black shareholding, company not meeting the requirements of the table above.

Foreign Suppliers (FGN):

- Suppliers based outside the borders of South Africa, irrespective of ownership.

Based on the above definitions, what business indicator does your company qualify for?

Business by definition	Business Indicator	
At least 50% Black Woman Ownership	BWO	
At least 50% Black Male Ownership	SMM	
BEE status as per table	BEE	Points:
Same as BEE, more than 50% Black Ownership	LBS	Points:
No or less than 50% Black shareholding	OTH	
Supplier based outside the borders of South Africa	FGN	

Previous name(s) of business (if applicable) _____ _____

List of directors / owners / partners: Attach your own list if the space provided is inadequate

1. Name: _____

Position: _____ % Shareholding : _____

Identity Number _____ Nationality _____

2. Name: _____

Position: _____ % Shareholding : _____

Identity Number _____ Nationality _____

3. Name: _____

Position: _____ % Shareholding : _____

Identity Number _____ Nationality _____

4. Name: _____

Position: _____ % Shareholding : _____

Identity Number _____ Nationality _____

A. Are any of your directors/owners/partners employed by FAIS Ombud? (yes / no) Please submit names.

B. Are any of your directors/owners / partners are ex-FAIS Ombud's staff? (yes/no) Please submit names

C. Please declare any names of close relatives of your directors / owners with FAIS Ombud's staff.

Protection of Personal Information Act 4 of 2013

The FAIS Ombud is bound by the provisions of the Protection of Personal Information Act 4 of 2013 (POPI). All personal information collected will be appropriately handled and will only be used for the purpose of which it was collected.

Bank information:

Only in cases where you do not operate a bank account will FAIS Ombud opt for cheque payment. Normal payment will be via EFT directly into your account as per the info attached (see first page).

We do not operate a bank account and thus require payment by FAIS Ombud cheque:

____ (Please indicate this with an 'x')

List all your products / services your business can manufacture and/or supply to FAIS Ombud.

Attach separate list if space provided is not enough

Is your business:

An agent ____ Manufacturer ____ Distributor ____ Consultant ____ Contractor: ____

Other (specify) _____

SUPPLIER PROFILE (SECTION B - I)

In order for FAIS Ombud to build up a profile of its suppliers, we would like you to complete the following.

Section B: Commercial:

1. Name 3 commercial references/referees of previous projects and provide their name(s) and telephone number(s):

Section C : Financial

1. Are there any pending legal proceedings or previous judgements against your business or has your business ever been declared bankrupt? (y/n) ____ If yes, please elaborate:

Section D: Technical:

1. Is your business a permit holder under the SABS mark scheme? (y/n): _____
If yes, indicate product(s) for which permits are held, including permit numbers:

2. Are you working to National or International Standards? (y/n) _____ If yes, indicate products and to which standards: _____

Section E: Quality:

1. Does your business operate a Quality Management System which includes :
- 1.1 Quality policy and objectives (yes / no)
 - 1.2 Document and Record control system (e.g proof of competence, minutes of meetings and references) (yes/no)
 - 1.3 Procedure for non-conforming products (yes/no)
 - 1.4 Procedure for corrective and preventative action (yes/no)
2. Has your Quality Management System been assessed and certified by any National / Internationally recognised accredited body? (y/n) _____ If yes, please provide copy of certificate.

Section F :Safety

1. Does your business have an Occupational Health and Safety Policy complying to the Occupational Health and Safety Act (OHSA) ? (y/n) _____
2. Are you registered with Compensation for Occupational Injuries and Diseases Act (COID)? (y/n) _____ COID registration number : _____

Section G: Environmental

1. Do you have an Environmental Policy in place? (y/n) _____
2. Does your facility routinely work with any hazardous substances? (y/n) _____

Section H :Human Resources:

1. Briefly state your Affirmative Action (AA) policy: _____
- _____
- _____
- _____

Section I :Facilities, plant & equipment:

1. Please give a summary of your plant and facilities: _____

2. Please give a summary of your detailed list of Tools and Equipment _____

If there are any changes to the information supplied on this form, please inform the relevant Office Manager / Procurement Officer of the FAIS Ombud within 7 working days. Outdated information could lead to your company not being invited to tender or not receiving correct payment!

FAIS Ombud reserves the right to verify and /or follow-up on any of the claims made or references in this application form. Additional information can be requested by FAIS Ombud during its evaluation process.

Incomplete submissions will not be processed. This includes the supporting documentation as stipulated on the first page.

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.

I confirm that we have read the document:

Name:	Signature
Designation:	Date