

# SUPPLIER INFORMATION FORM



## Documentation Required to Accompany this Questionnaire

- Company registration certificate
- VAT registration certificate
- ID number (if applicable) and copy of ID document
- Tax directive / IRP 30 (if applicable)
- Company profile
- References
- Qualifications (if applicable)
- Copy of stamped letter from bank required for proof / verification of banking details, **no older than 3 months**
- Copy of company letterhead
- BEE information and most recent BEE certificate. In the event of your company's turnover being less than R10 million you may qualify as an exempted

**Please ensure all three pages of this document are initialed and the last page is signed and all relevant supporting documents are attached as the form will not be accepted otherwise.**

## Company Detail

Type of service (panelbeating, contractor, loss adjusting, cellphone / laptop replacement, appliance repairs etc.) :

List all services offered:

List all service areas and the radius prepared to travel wide of these areas:

Legal entity name (as per CIPC registration):

Trading name (if different to registered name):

Ultimate holding company name (if applicable):

List ultimate holding company (if applicable):

Form of entity:

Closed Corporation (CC)

Limited

Individual with ID or Passport

Partnership

Individual without ID or Passport

Pty Ltd

Sole Proprietor

Trust

Company registration number (as per CIPC registration) / Trust No. / Sole Proprietor No.: (Please attach registration certificate)

Is the company VAT registered? (as per SARS registration) (Indicate if not applicable. If YES, please supply VAT Certificate)

Yes

No

VAT no.:

Does your company have a IRP30 or other Tax Directive:

Yes

No

If your company has a Tax Directive, state the directive amount: R

**Company Detail (continued)**

Is your trading entity a Franchise: Yes  No

Head office physical address:

Code:

Head office postal address:

Code:

Province: Western Cape  Eastern Cape  Northern Cape  Free State  Kwa Zulu Natal   
 Guateng  North West  Mpumalanga  Limpopo

**Director's information**

*(Should the space provided for your directors information not be sufficient, please list all the directors and their ID numbers on a separate page and attach to this form. Please ensure the information is signed / initialled before submitting to CIB)*

Director name and surname:	ID number:
Director name and surname:	ID number:

**Director contact details:**

Tel No.:	Cell No.:
Fax No.:	Email:

**Claims contact:**

Name and surname:	Designation:
Tel No.:	Cell No.:
Fax No.:	Email:

Do you belong to an association or governing body: (i.e. NHRBC, MBA, IOPSA, SAMBRA etc.) Yes  No

If YES, state the organisation or body's name and number and/or status where applicable:

*(Please provide proof / certificate of association with said governing body)*

**Company Bee Status**

Is the company assessed for BEE? Yes  No

BEE status: (Please attach BEE certificate and ensure that your certificate has not expired)

Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/>	Level 3 <input type="checkbox"/>
Level 4 <input type="checkbox"/>	Level 5 <input type="checkbox"/>	Level 6 <input type="checkbox"/>
Level 7 <input type="checkbox"/>	Level 8 <input type="checkbox"/>	

Company's annual turnover range: (Please attach confirmation letter from Bookkeeper/Auditor if less than R10 million)

> R10 million <input type="checkbox"/>	Between R10 million & R35 million <input type="checkbox"/>
< R 35 million <input type="checkbox"/>	

Do you have defective workmanship insurance? Yes  No   
*(If YES, please provide us with a copy of your policy)*

Do you have professional indemnity insurance? Yes  No  Amount:  
*(If YES, please provide us with a copy of your policy)*

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**Company Bee Status (continued)**

Do you have public liability insurance? Yes  No  Amount:  
*(If YES, please provide us with a copy of your policy)*

Do the directors and company have a clear credit history? Yes  No

Do the directors and company have any objection to us carrying out a credit check? Yes  No

If YES, please provide details:

**Banking Details (Proof may not be older than 3 months)**

Bank (i.e. FNB, ABSA, Nedbank, etc.):

Branch Name:	Branch Code:
Acc No.:	Type of Account:

**Declaration**

Name and Surname: (of respondent who has authority to furnish this information on behalf of the Business Entity)

ID No of respondent:	Tel No. of respondent:
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I declare that the information given above is true and correct and, I am authorised to sign on behalf of the Company. Should any of the above information change at any time, in particular any changes to the Company's banking details, credit history, BEE status and VAT number. CIB is to be notified immediately. In addition, in the event of the above information being incorrect and should it cause a delay in receiving money or in the loss of any moneys owing to me, CIB shall not be held responsible for such delay and/or loss.

Name:	Capacity:
Signature:	Date: dd/mm/yyyy

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