



PRETORIA METAL PRESSINGS  
A Division of Denel (Pty) Ltd



<b>SUPPLIER APPLICATION FORM</b>	<b>DATE:</b>  <b>FEBRUARY 2010</b>
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This is an application to be registered on PMP's Supplier Database of products and services and BBBEE purpose.

**ALL SUPPLIER INFORMATION WILL BE TREATED STRICTLY  
CONFIDENTIAL**

Attach 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.

The information provided in this questionnaire will be treated as confidential and will not be disclosed to any third parties.

**Copies of the following documents have to be included in your application:**

- ✓ Company Registration Documents
- ✓ ID Documents of directors/owners/members/shareholders
- ✓ Letter from your auditors/affidavit if turnover per annum is less than R5 million (exempted Micro Enterprise)
- ✓ Current VAT certificate (where applicable)
- ✓ Current TAX clearance certificate
- ✓ Copy of COID registration certificate (where applicable)
- ✓ Any other registration certificate pertaining to your relevant industry, e.g. ECB (Electrical Contractors Board)
- ✓ BBBEE Verification Certificate if turnover is R5 million and above per annum

APPROVED BY:  <i>ORIGINAL SIGNED</i> SJ SESIANE EXECUTIVE MANAGER: SUPPLY CHAIN	DATE  FEBRUARY 2010
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**1.6 LIST OF DIRECTORS:**

<b>NAME</b>	<b>ID NUMBER</b>	<b>NATIONALITY (FOR BBBEE PURPOSE ONLY)</b>

**1.7 LIST OF SHAREHOLDERS\* / MEMBERS/ PARTNERS / OTHERS:**

<b>NAME</b>	<b>ID NUMBER</b>	<b>NATIO- NALITY</b>	<b>INTEREST</b>			
			<b>SHARE- HOLDERS*</b>	<b>MEMBER</b>	<b>PARTNER</b>	<b>OTHER</b>

**NB: \* Does not apply to listed companies.**



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**1.8 ARE ANY OF THOSE NAMED IN PARAGRAPH 1.6 OR 1.7 INVOLVED IN OTHER BUSINESS?**

YES  NO

**IF YES:**

NAME	BUSINESS	CAPACITY

**1.9 PARTICULARS OF AUDITOR:**

<b>NAME</b>			
<b>ADDRESS</b>			
		<b>TEL CODE &amp; NUMBER</b>	
<b>POSTAL CODE</b>		<b>FAX CODE &amp; NUMBER</b>	

**1.10 PARTICULARS OF MANAGING DIRECTOR:**

<b>SURNAME</b>		
<b>INITIALS</b>		
<b>ID NUMBER</b>		
<b>TELEPHONE</b>	<b>CODE &amp; NUMBER</b>	
<b>FAX</b>	<b>CODE &amp; NUMBER</b>	



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**1.11 PARTICULARS OF CONTACT PERSON:**

<b>SURNAME</b>		
<b>INITIALS</b>		
<b>ID NUMBER</b>		
<b>TELEPHONE</b>	<b>CODE &amp; NUMBER</b>	
<b>FAX</b>	<b>CODE &amp; NUMBER</b>	

**1.12 BANKING INFORMATION:**

<b>BANK</b>	
<b>BRANCH NUMBER</b>	
<b>ACCOUNT NUMBER</b>	
<b>ACCOUNT TYPE</b>	



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**SECTION 2**  
**SUPPLIER PROFILE (SECTION B – H)**

In order for PMP to build up a profile of its suppliers, we would like you to complete the following:

**SECTION B: COMMERCIAL**

1.	List products / service you can supply to PMP.

**SECTION C: FINANCIAL**  
Are there any pending legal proceedings or previous judgements against your business or has your business ever been declared corrupt? (Y / N) If yes, please elaborate:


**SECTION D: TECHNICAL**

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

Product	Permit Number

Are you working to National or International Standards (Y / N). If yes, indicate products and to which standards

Product	Standard



<b>SECTION E: QUALITY</b>
1. Does your business operate a Quality Management System covering the product/service applying for? (Y / N). Please elaborate:
2. Has your Quality Management System been assessed and certified by any National/International recognized accredited body (Y / N). If yes, please provide copy of certificate.
<b>SECTION F: SAFETY</b>
1. Does your business have a Occupational Health and Safety complying to the Occupational Health and Safety Act (OHSA)? (Y / N)
2. Are you registered with Compensation of Occupational Injuries and Diseases Act (COID)? (Y / N). If yes, COID Registration Number:
<b>SECTION G: ENVIRONMENTAL</b>
1. Do you have an Environmental Policy in place? (Y / N)
2. Does your facility routinely work with any hazardous substances? (Y / N)
<b>SECTION H: FACILITIES, PLANT &amp; EQUIPMENT</b>
1. Please give a summary of your plant and facilities:
2. Please give a summary of your equipment:

I, \_\_\_\_\_ hereby confirm in my capacity as \_\_\_\_\_  
and duly authorized thereto, that the information provided in the above questionnaire is  
factually correct.