



Purchasing Department
 P O Box 133
 Middelburg 1050
 South Africa
 www.columbusstainless.co.za
 Tel : +27 13 247 2969
 Fax : +27 86 242 6416
 E-mail: suppliermanagement@columbus.co.za

**APPLICATION TO BECOME AN APPROVED SUPPLIER TO COLUMBUS STAINLESS (PTY) LTD
 (FOREIGN ENTITY)**

IF ALL FIELDS ARE NOT COMPLETED IN FULL, YOUR APPLICATION MAY BE REJECTED!

- | | |
|--------------------------|---|
| <input type="checkbox"/> | New application |
| <input type="checkbox"/> | Scope of work amendment (Existing Supplier) |
| <input type="checkbox"/> | Name change - must be supported by a change of name certificate (Existing Supplier) |
| <input type="checkbox"/> | Update of information (Existing Supplier) |

How did you come to hear of Columbus Stainless (Pty) Ltd?

- | | | | |
|---------------|--------------------------|---------------------|-------|
| Media | <input type="checkbox"/> | Which media? | _____ |
| Internet | <input type="checkbox"/> | | _____ |
| Advertisement | <input type="checkbox"/> | Which publication? | _____ |
| Reference | <input type="checkbox"/> | Name of person: | _____ |
| Other | <input type="checkbox"/> | Please give detail: | _____ |

Do you have a Contract for supply with Columbus Stainless or are you in the process of entering into a Contract to supply? YES NO

Provide the name and telephone number of the person you are known to, who is an end user in Columbus Stainless (Pty) Ltd, who would like to use your products or services:

Name: _____ Tel Nr: _____

**SECTION A:
 BUSINESS INFORMATION**

1. REGISTERED COMPANY NAME:

2. TRADING NAME:

3. COMPANY REGISTRATION NUMBER:

4. BUSINESS STATUS:

- | | |
|--------------------------|------------------------|
| <input type="checkbox"/> | Public Company |
| <input type="checkbox"/> | Private Company |
| <input type="checkbox"/> | Other: (Specify) _____ |

5. PHYSICAL ADDRESS:

POSTAL ADDRESS:

Code: _____

WEBSITE ADDRESS: _____

DO YOU HAVE INTERNET ACCESS?

	Yes
	No

6. NATURE OF BUSINESS:

(Mark all applicable)

Please provide detail here:

<input type="checkbox"/>	Cheque Requisition	
<input type="checkbox"/>	Accommodation	
<input type="checkbox"/>	Bank	
<input type="checkbox"/>	Bearing Supplier	
<input type="checkbox"/>	C & I Electronics	
<input type="checkbox"/>	Clearance Agent	
<input type="checkbox"/>	Commercial Commission	
<input type="checkbox"/>	Computer Hardware	
<input type="checkbox"/>	Computer Software	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Consumables	
<input type="checkbox"/>	Distributor	
<input type="checkbox"/>	Donation	
<input type="checkbox"/>	Electrical	
<input type="checkbox"/>	Energy Provider	
<input type="checkbox"/>	Entertainment	
<input type="checkbox"/>	Fabricator	
<input type="checkbox"/>	Filter Equipment	
<input type="checkbox"/>	Forwarding Agent	
<input type="checkbox"/>	Freight Forwarding	
<input type="checkbox"/>	Grinding Accessories	
<input type="checkbox"/>	Hydraulics & Pneumatics	
<input type="checkbox"/>	Laboratory Consumables	
<input type="checkbox"/>	Labour Hire	
<input type="checkbox"/>	Lubrication	
<input type="checkbox"/>	Machining	
<input type="checkbox"/>	Manufacturer	
<input type="checkbox"/>	Ports	
<input type="checkbox"/>	PPE & Safety	
<input type="checkbox"/>	Production Consumables	
<input type="checkbox"/>	Project Contractor	
<input type="checkbox"/>	Pumps	
<input type="checkbox"/>	Raw materials	
<input type="checkbox"/>	Refractories	
<input type="checkbox"/>	Refurbisher	
<input type="checkbox"/>	Roll Suppliers	

	Seal Supplier	
	Service provider	
	Sub-Contractor	
	Subscription	
	Training	
	Transporter	
	Vehicle Spares	
	Other	

7. MAIN COMMODITIES SUPPLIED OR SERVICES RENDERED:

8. SCOPE OF WORK INDICATION:

(Please indicate what will be relevant to the products and services provided by your business.)
 If your representatives will access Columbus Premises for any purpose, a signed letter from the CEO on a company letterhead stating that all employees accessing our premises are covered by medical aid or additional medical insurance in the event of any accident. (See Annexure A)

TYPE OF PRODUCT/SERVICE	YES	NO	DETAIL
Supply and Deliver only			
Repairs on Columbus premises			
Repairs on own premises			
Service delivered on Columbus premises			
Sales Representative to visit Columbus site			
Consultant service on Columbus site			
Consulting service from own premises			
Installations on Columbus site			
Manufacturing on own site and delivery for own installation by Columbus			
Manufacturing and Installation on Columbus site			

9. CONTACT DETAILS (PLEASE COMPLETE ALL FIELDS TO ENSURE EFFECTIVE COMMUNICATION)

(Compulsory)

A contact person should be provided for each section below. It may be the same person for more than one section.

OWNER/DIRECTOR		FINANCIAL DIRECTOR	
Contact Name		Contact Name	
Designation		Designation	
Tel Number		Tel Number	
Fax Number		Fax Number	
Cell Number		Cell Number	
After hours Contact Number		After hours Contact Number	
Email Address		Email Address	
MARKETING/SALES REP.		ALTERNATIVE CONTACT PERSON	
Contact Name		Contact Name	
Designation		Designation	
Tel Number		Tel Number	
Fax Number		Fax Number	
Cell Number		Cell Number	
After hours Contact Number		After hours Contact Number	
Email Address		Email Address	

**SECTION B:
TERMS OF PAYMENT AND BANK DETAILS**

1. Payment shall without prejudice to the rights of Columbus Stainless, under any of the terms and conditions of the Order, be made via electronic transfer subject to the receipt of shipping documents and original invoice 90 days from date of delivery on site, payment made at the end of the month.

2. BANKING DETAILS:

Beneficiary name: _____

Bankers Name: _____

Branch Name and Number: _____

Account Number: _____

Swift Code (If applicable): _____

_____ Initial

Currency preferred on Purchase Orders:

<input type="checkbox"/>	USD
<input type="checkbox"/>	EUR
<input type="checkbox"/>	GBP
<input type="checkbox"/>	SEK
<input type="checkbox"/>	JPY
<input type="checkbox"/>	AUD

**SECTION C:
DECLARATION**

I _____(names in full)

warrant that I have duly been authorised by the abovementioned company to conduct business and conclude transactions on its behalf. I hereby certify that the information contained in this application is correct and complete. Columbus Stainless reserves the right to verify the information provided on this application form and supporting documentation.

CEO or CFO Name and Surname: _____

CEO or CFO Signature: _____ Date: _____

PLEASE RETURN TO:

Columbus Stainless (Pty) Ltd
P.O. Box 133
Middelburg
South Africa
1050

In the event of any enquiries contact:
Madelize Coetzee or Jamima Mhlanga
Tel: +27 13 247 2969
Fax: +27 86 242 6416
E-mail: suppliermanagement@columbus.co.za
Purchasing Department: Supplier Management

**ANNEXURE “A”
DOCUMENTS REQUIRED**

The following documents should accompany the completed application form:

- Company profile: Document describing core business and capabilities.
- Proof of banking details:
 - Banking details on Company Letterhead signed by the Chief Financial Officer and Managing Director
 - Banking details from your banker on their official letterhead, signed by two authorised persons
- Proof of Company registration
- Change of name certificate (If applicable)
- Proof of medical insurance (if applicable)
- Signed letter from the CEO on a company letterhead stating that all employees accessing our premises are covered by medical aid or additional medical insurance in the event of an accident. (if applicable)

NOTE: If you get no response in one month after submitting your application, please regard your application as unsuccessful.