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Tel :  
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**APPLICATION TO BECOME AN APPROVED SUPPLIER TO COLUMBUS STAINLESS (PTY) LTD  
 SOUTH AFRICAN 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**

- REGISTERED COMPANY NAME:  
 \_\_\_\_\_
- TRADING NAME:  
 \_\_\_\_\_
- COMPANY REGISTRATION NUMBER:  
 \_\_\_\_\_
- VAT NUMBER:  
 \_\_\_\_\_
- WORKMAN'S COMPENSATION NUMBER (If applicable):  
 \_\_\_\_\_

6. COMPANY TYPE:

<input type="checkbox"/>	Public Company
<input type="checkbox"/>	Private Company
<input type="checkbox"/>	Closed Corporation
<input type="checkbox"/>	Sole Proprietor
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Non-Profit Organisation
<input type="checkbox"/>	Business Trust
<input type="checkbox"/>	Other: (Specify) _____

7. PHYSICAL ADDRESS:

\_\_\_\_\_  
 \_\_\_\_\_

POSTAL ADDRESS:

\_\_\_\_\_  
 \_\_\_\_\_ Code: \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_

DO YOU HAVE INTERNET ACCESS?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

8. 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	

	Lubrication	
	Machining	
	Manufacturer	
	Ports	
	PPE & Safety	
	Production Consumables	
	Project Contractor	
	Pumps	
	Raw materials	
	Refractories	
	Refurbisher	
	Roll Suppliers	
	Seal Supplier	
	Service provider	
	Sub-Contractor	
	Subscription	
	Training	
	Transporter	
	Vehicle Spares	
	Other	

9. MAIN COMMODITIES SUPPLIED OR SERVICES RENDERED:

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10. 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 valid Letter of Good Standing and Occupational Health and Safety agreement must be submitted with this application.  
 (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			

11. COMPANY DETAIL

NUMBER OF EMPLOYEES		TOTAL GROSS ASSET VALUE	
<input type="checkbox"/>	Less than 5	<input type="checkbox"/>	Less than R100 000
<input type="checkbox"/>	Between 5 and 10	<input type="checkbox"/>	Between R100 000 and R400 000
<input type="checkbox"/>	Between 10 and 50	<input type="checkbox"/>	Between R400 000 and R1 million
<input type="checkbox"/>	Between 50 and 100	<input type="checkbox"/>	Between R1 million and R4 million
<input type="checkbox"/>	Between 100 and 200	<input type="checkbox"/>	Between R4 million and R10 million
<input type="checkbox"/>	More than 200	<input type="checkbox"/>	More than R10 million

12. TRADE REFERENCES/MAJOR CUSTOMERS

COMPANY NAME	CONTACT PERSON	CONTACT NR/E-MAIL	PERIOD OF TIME DOING BUSINESS WITH COMPANY

13. CERTIFICATION

Please forward a list of external accreditations your company has received for Quality, Safety, Environment and other systems e.g. ISO, SABS, TUV, etc.

INSTITUTION	YEAR	NUMBER

14. CONTACT DETAILS (PLEASE COMPLETE ALL FIELDS TO ENSURE EFFECTIVE **(Compulsory)**)

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

OWNER/DIRECTOR		FINANCE (CREDIT CONTROLLER)	
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:  
FINANCIAL INFORMATION**

1. The standard payment term for Columbus Stainless is 60 days nett of any discounts (or at the end of the second month following the month of delivery, net).

2. **ELECTRONIC PAYMENT AUTHORITY:**

We, the undersigned hereby request Columbus Stainless (Pty) Ltd to transfer payments due to us electronically into our bank account.

We indemnify Columbus Stainless (Pty) Ltd against any losses we may suffer in the event of funds being transferred incorrectly as a result of incorrect information having been provided by us on this form.

Furthermore, Columbus Stainless (Pty) Ltd is indemnified against any losses arising out of incorrect processing of the transfer in the banking system.

Columbus Stainless (Pty) Ltd is deemed to have fully discharged its obligation to us in respect of the payment where the transfer has been effected in terms of this instruction.

We undertake to inform Columbus Stainless (Pty) Ltd in writing should the banking details supplied below change in any respect. Details of the bank account below will be deemed to remain valid until receipt by Columbus Stainless (Pty) Ltd of instructions to the contrary.

We understand that Columbus Stainless (Pty) Ltd will a-mail us with details of transfers made.

3. **BANKING DETAILS:**

**Please note that the information provided below need to match the information on the bank letter supplied by you exactly!**

Name of Account Holder: \_\_\_\_\_

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Branch Code: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Financial Director Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Tel Nr: \_\_\_\_\_

Fax Nr: \_\_\_\_\_

E-mail: \_\_\_\_\_

**SECTION C:  
BROAD BASED BLACK ECONOMIC EMPOWERMENT (BBBEE)**

Columbus Stainless supports the Broad Based Black Economic Empowerment initiatives as laid out in the Codes of Good Practise for Industry. We would appreciate your contribution by completing the details below:

A) PLEASE INDICATE YOUR TYPE OF ENTERPRISE:

- |  |  |
|--|--|
|  | Large enterprise (annual turnover in excess of R35 million)                      |
|  | Qualifying Small Enterprise (annual turnover between R5 million and R35 million) |
|  | Exempted Micro Enterprise (annual turnover less than R5 million)                 |

B) PLEASE INDICATE YOUR LEVEL OF COMPLIANCE ON EACH OF THE SEVEN PILLARS OF THE GoGP (For each pillar indicate non-compliance, or level 8 to level 1)

- |  |                            |
|--|----------------------------|
|  | Ownership                  |
|  | Management Control         |
|  | Employment Equity          |
|  | Skills Development         |
|  | Preferential Procurement   |
|  | Enterprise Development     |
|  | Socio Economic Development |
|  | <b>OVERALL</b>             |

C) PLEASE CONFIRM THE FOLLOWING:

- | YES | NO |   |
|-----|----|---|
|     |    | The status of our business as a black owned enterprise is currently >50%  |
|     |    | The status of our business as a black woman-owned enterprise is currently >30%  |
|     |    | The status of our business as a black woman-owned enterprise is currently >50%  |
|     |    | Our business qualifies as a value-adding enterprise (Nett profit Before Tax + Total labour cost > 25% of Total revenue) |

A valid certificate indicating your compliance level must be provided as proof. Exempted Micro Enterprises would only require a letter from their Auditor or Financial Officer confirming your turnover of less than R5 million.

**SECTION D:  
DECLARATION**

I \_\_\_\_\_ (names in full)

ID Number \_\_\_\_\_

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.

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN TO:**

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

In the event of any enquiries contact:  
Lynette Brand  
Tel: +27 13 247 2969  
Fax: +27 13 247 2210  
E-mail: brand.lynette@columbus.co.za  
Purchasing Department: Supplier Management

To send by courier: Columbus Stainless (Pty) Ltd  
Off Hendrina Road  
Middelburg  
Mpumalanga

**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 on an official bank letterhead
  - Must have an original signature
  - Must have an original date stamp
  - Bank letter may not be older than three months
  - Account name must correspond exactly with the name of the account with the bank
- Proof of Company registration
- Change of name certificate (If applicable)
- VAT Registration certificate
- Tax clearance certificate
- Valid BBBEE Certificate
- Completed Acknowledgement of Receipt
- Completed, initialled and signed General Conditions for Buying (If applicable)
- Letter of Good standing (If applicable)
- Completed Occupational Health and Safety Agreement (if applicable)

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