

CHOPPIES DISTRIBUTION CENTRE PTY LTD

Checklist for completion of vendor take-on form

Document	Yes/No
Vendor take-on form	
Original proof of banking details less than 3 months old	
Proof of VAT registration details	
Company registration documents	
Declaration of interest	
Company profile	
Business Licence	
Share certificates	
Environmental policy	
HIV policy	
Certificate of Insurance for Workmen's Compensation	
Qualifications details of technical personnel	
Distributorship/Agencies agreements	
Shareholders agreement	
Accreditation certificates	
Letterhead	
Director" resolution authorising the company official completing the vendor take-on form	
Proof of last purchase order for past 3 years in any company	

CHOPPIES DISTRIBUTION CENTRE PTY LTD

VENDOR TAKE-ON FORM

Please select:

Trade vendor
Expense vendor

SECTION A:

Supplier information

Registered company name:
Trading name:

Physical Address:

Street 1
Street 2
Street 3
Suburb
Town
Country
Postal Code

Postal Address:

Street 1
Street 2
Street 3
Suburb
Town
Country
Postal Code

Telephone numbers:

Fax Numbers:

Email address:

Contact Persons & Positions:

After hours contact persons and numbers:

SECTION B:

Type of Business: (refer to Section C to identify product and services):

Company registration number:

Income tax number:

VAT number:

Names of owners/directors/partners of the business, their nationality and % of business share:

Name	Nationality	Omanj/D nr	Position held	% of business share

Does your company export goods to Botswana? Tick **Yes/No**. If Yes, please provide the exporters code. **Exporters code number :** _____

Size of Business (Please indicate which of the following characteristics best represents your company):

* Workforce qualified staff complement (please tick appropriate box)

<10 employees	
<50 employees	
<51 employees	

* Gross assets value (equipment and buildings)

<P2m	
<P20m	
>above P20m	

Turnover (please tick appropriate box)

<P1m	
<P2m	
<P10m	
<P20m	

State of Extent of citizen ownership (please tick below)

100% non-citizen owned		Please attach share certificates
Majority but not wholly non-citizen owned		
Majority but not wholly citizen owned		
100% citizen owned		

SECTION C:

Please indicate your area of speciality which best describes your main business (mark only the main relevant boxes , but not more than six)

Speciality

Accounting		Machines , Machining & Tooling	
Advertising		Management & Supervision	
Agriculture & Animal products		Meat	
Air-conditioning		Meat products	
Architecture		Mechanical , Installation & Engineering	
Aviation		Medical	
Bakery & Products		Metal (non-steel)	
Banking		Metal fabricated products	
Beverages		Mine equipment	
Books & Training materials		Mine machinery	
Building Materials		Mine plant	
Buildings		Office equipment & machinery	
Canteens & Catering Equipment		Opticians & Optical products	
Carpentry & Fittings		Organisational intervention	
Cement & Cement Products		Paint & Colouring Products	
Chemical & Chemical Products		Painting & decoartion	
Civil Works		Paper & paper products	
Clay & Clay Products		Photographic	
Cleaning and/or Materials, Detergents		Piping & piping products	
Clothing & Textile		Plant (non-mining)	
Computers and Accessories		Plastic products	
Concrete Structures & Products		Plumbing, Sanitary & Fittings	
Consultancy		Prefabrication & Mobile structures	
Corrosion Protection		Printing & publishing	
Custom Clearance		Property Management	
Dental		Protective clothing , textiles	
Design		Pumps & Accessories	
Drilling		Quality control & Material testing	
Earth Works		Quantity Surveying	
Education		Quarrying	
Electrical (materials & fittings)		Radio, TV & equipment	
Electrical (power supply)		Railways	
Electrical (services)		Refrigeration	
Electrical "motor rewinding"		Restaurant /catering	
Electronics		Roads/parking	
Engineering		Rubber & rubber products	
Engineers		Safety & Occupational health	
Engines (gearboxes and diffs)		Sandblasting	
Environment		Security	
Explosives		Seed & grain	
Fencing		Sewer supply & equipment	
Filters & Filtration		Sheet metal works	
Fire Services & equipment		Signs	
Flooring		Solar Energy products & services	
Food (Fruit & vegetables)		Stationery	
Food (processed)		Steel & iron	
Footwear (non-safety)		Steel & Iron fabricated products	
Fuels & lubricants		Steel structures	
Furniture & equipment (domestic)		Stone & stone products	
Furniture & equipment (office)		Technical (engineers etc)	
Garage		Telecommunication	
Gardening & Horticulture		Timber products (Wood)	
Gases (Industrial & LP)		Timbers (Hard & Soft Wood)	
Gases (Medical)		Tools (Electric & Fuel) & equipment	
Gaskets , Sealants & Solutions		Tools (Hand) & Equipment	
Glass & glass products		Training & manpower	
Hardware		Travel	
Herbicide		Vehicles Loading (Heavy)	
Hotel		Vehicles Loading (Light)	
Hydraulics		Vehicles Loading (Passenger)	
Insturments		Vehicles Tractors & Loaders	
Insurance		Warehousing /Storage	
Land Surveying		Water supply and equipment	
Leather & Leather products		Wax & Related Products	
Legal		Welding	
Lifting & Handling equipment		Wet trades (Brick work, Plaster , tiling)	

If dealership please indicate for which company you are a dealer:

If you are approved agents for any specific brand or product, give details and provide proof of appointment :

State the Name, Position, Qualifications and Years of Experience of the person/s **technically responsible** for your listed prioritized activities.

Activities	Name	Qualifications	Years of experience

Please state the value of your inventory:

Do you provide warranty in respect of your goods/services? Please give details.

Do the goods you provide conform to any recognised standard specification , e.g BOBS, SABS etc? If Yes, please provide proof of conformity.

State the value of the largest order in any company previously dealt with the past 3 years (provide proof)

Please provide in the boxes below, the total value and the relevant details of your largest or most important contract/project during the past 3 years:

Customer name	Service/Goods Provided	Estimated value	Contact person	Telephone	Year

SECTION D:

Safety Health and Environment Details

Does your business have a Safety ,Health and Environment Policy , or any of the three , if yes, please attach copy of your policy /policies

Does your business have an HIV/AIDS policy? Attach copy

Provide your Environmental Management Programme/Plans for your major aspects/impacts to the environment?Please attach copy of the programme

Has your business implemented a formal Environmental Management System? If Yes, give details and attach proof

SECTION E:

Settlement terms

Our standard terms of payment are 30 days net of statement. If not in agreement, propose an alternative payment days and settlement discount (%):

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Bank account details

Bank Name :
Branch Number:
Account Name:
Account Number:
Type of Account :

We, the undersigned, duly authorized by our Board of Directors to provide all the details contained in this "Vendor take-on form", and to further authorize Choppies Enterprises Limited to at any time and by whatever means necessary obtain a complete "Company profile" relating to our business operations which shall without limitation include: Names of directors, Financial details, Court cases pending, Moveable assets and the like.

We also acknowledge that we have taken note of the attachments and declare that all information supplied herewith is correct and complete and that we will keep you informed should any of this information change in future.

TO BE COMPLETED AND SIGNED BY AUTHROISED COMPANY REPRESENTATIVES

Name

Signed

Designation

Date

Choppies Enterprises Limited

Name

Signed

Designation

Date

Bank account details

Bank Name :
Branch Number:
Account Name:
Account Number:
Type of Account :

Additional:

Additional comments:

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Supplier:

Name & Surname
Signature

Choppies representative:

Name & Surname
Signature

Finance:

Name & Surname
Signature

Vendor number:

Loaded by :
Name & Surname
Signature

DECLARATION OF INTEREST

Any legal person, including persons employed by the company, or persons having a kinship with persons employed by the company, including a blood relationship, may make

- the bidder is employed by the company; and/or the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is

2. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

2.1 Full Name of bidder or his or her representative: _____

2.2 Identity Number: _____

2.3 Position occupied in the Company (director, trustee, shareholder?): _____

2.4 Company Registration Number: _____

2.5 Tax Reference Number: _____

2.6 VAT Registration Number: _____

2.6.1 The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / personnel numbers must be indicated in

2.7 Are you or any person connected with the bidder presently employed by the company? YES / NO If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member _____

Name of company at which you or the person connected to the bidder is employed:

Position occupied in the company: _____

Any other particulars: _____

2.8 Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the company in the previous 12 months? YES / NO

2.8.1 If so, furnish particulars:

2.9 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the company and who may be involved with the evaluation and or

2.9.1 If so, furnish particulars. _____

2.10 Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the company who may be involved with the evaluation and or adjudication of this bid? YES/NO

2.10.1 If so, furnish particulars.

2.11 Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract? YES/NO

2.11.1 If so, furnish particulars:

3. Full details of directors / trustees / members / shareholders.

4. DECLARATION

I, THE UNDERSIGNED (NAME) _____

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 and 3 ABOVE IS CORRECT. I ACCEPT THAT THE COMPANY MAY REJECT THE BID OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

_____ Signature Date

_____ Position Name of bidder