



**Supplier application form**

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**SUPPLIER APPLICATION FORM**

**COMPANY NAME:**

**PRODUCT / SERVICE:**

Upon completion return to:

**SENIOR MANAGER: PROCUREMENT  
ATNS**

Block 1 Gewel Street  
Isando Business Park  
Kempton Park  
1620

Private Bag X15  
Kempton Park  
Johannesburg  
1620



## Supplier application form

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### 1. INSTRUCTION

Only fully completed forms will be reviewed, incomplete forms will be returned to supplier unprocessed.

Suppliers are expected to complete and return questionnaires together with requested documents.

ATNS reserves the right to request additional information or documents, or to perform audits and investigations to verify information provided in the questionnaire.

The information supplied will also be used to assess your company in terms of our **Broad Based Black Economic Empowerment (BBBEE)** Criteria, if applicable.

The completed questionnaire must be signed on behalf of your company by an authorized signatory. **Do not leave blank spaces.**

Any misrepresentation may lead to disqualification of this application.

**DO NOT USE TIPPEX ON THIS DOCUMENT RATHER DRAW A LINE AND INITIAL.**

### 2. BUSINESS INFORMATION

2.1 Full registered name of business:

2.2 Company registration number:

2.3 VAT registration number:

2.4 Type of business      Sole Proprietor       (Pty) Ltd       CC       Other

(Please Specify)

Partnership



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**2.5 Physical address of business:**

**2.6 Postal address of business:**

**2.7 Premises:**  Owned  Rented

Name of landlord if rented

Indicate (x) the geographical areas where your business is willing and capable of supplying ATNS:

Gauteng		Mpumalanga		Northern Province	
Kwa-Zulu Natal		Free State		Eastern Cape	
Western Cape		Northern Cape		North West	

**2.8 State names of Directors / Owners /Partners with vested interest in ATNS.**


**2.9 State whether Directors/Owners / Partners are ex ATNS employees or relatives.**



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### 3. DOCUMENTS TO BE SUBMITTED

- Company Registration documents
- Certified Identity documents of the owner, partners, shareholders and directors (copies of certified copies will not be accepted)
- Partnership / Joint Venture agreements signed and witnessed by all parties concerned
- Share / shareholder certificates if applicable
- Proof of registration with Workman's Compensation commission & Letter of Good Standing
- Valid Original Tax Clearance Certificate
- Audited financial statements for the two previous financial years/Credit rating
- Proof of registration with the Unemployment Insurance Fund (UIF) & PAYE if applicable
- SANAS accredited BBEE Certificate (must be valid)
- Original Cancelled Cheque/original stamped letter from the bank
- Certificate of Compliance (If line of business requires registration with any statutory body)

### 4. TECHNICAL INFORMATION

#### 4.1 Is the company a certificate holder under ISO, SABS or any other authority?

Yes  No

If no, to what standard does the company adhere to?

#### 4.2 Does the company operate within a formal, auditable Quality Management System?

Yes  No

#### 4.3 Does the company have an Occupational Health, Safety and Environmental Policy and System?

Yes  No



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**4.4 Does the company carry any grading for the Occupational, Health, Safety and environment System?**

Yes  No

**4.5 State the grading company and the grading body (e.g. NOSA)**

**4.6 Are you registered with any Bargaining Council? (If yes please attach Certificate of Compliance).**

Yes  No

**If no, explain**

**4.7 Does the company comply with the Compensation of Occupational Injuries and Disease Act.**

Yes  No

**If no, please explain.**

**4.8 Please indicate the products/services provided by the company and for how long such products/services have been provided.**

<b>Description of product/service provided</b>	<b>Years</b>
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**4.9 Indicate membership of the company or its personnel to professional bodies.**

**Professional body**

**Date registered**


**4.10 Supply references of contracts/large orders completed by the company in the past twelve months.**

Company	Contact Person	Contact Detail	Value

**4.11 Indicate the magnitude of contracts that the company can successfully complete.**

> R 5 Million	
R5 Million &> R30 Million	
> R30 Million	



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### ANNEXURE 1

#### BANK DETAILS

ATNS prefers effecting payment via EFT hence complete the details below

(Attach original cancelled cheque or original bank verification letter)

Supplier Name							
Postal Address:				P O Box		Code:	
Physical Address:							
Telephone Numbers:							
a) Business							
b) Facsimile Number:							
c) After hours							
d) Cell Phone							
e) E-mail address							
Contact person:							
Payment terms/discount:							
VAT Registration Number:							
Company Registration Number:							
Bank Details:							
a) Bank							
b) Branch Name & Code							
d) Account Number							
Type of Account		Current (Cheque)		Savings		Transmission	Other (specify)



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***If there are any changes to the information supplied on this form, please inform the relevant ATNS Management Units / ATNS Procurement Office within 7 working days. Outdated information could lead to your company not being invited to tender or not receiving correct payment!***

ATNS reserves the right to verify and /or follow-up on any of the claims made or references in this application form. Additional information can be requested by ATNS during its evaluation process. Suppliers will be re-accessed at regular intervals. Incomplete submissions will not be processed. This includes the supporting documentation as stipulated on the first page.

**NOTE: ATNS PAYMENT TERMS ARE 30 DAYS OF STATEMENT**

I certify that I have the appropriate authority to furnish the above-mentioned information, sign this document on behalf of my employer, and confirm that the information is correct at the time of completion. I hereby confirm acknowledgement of the abovementioned and agree to abide by it.

Yes

No

.....  
AUTHORISED SIGNATORY

.....  
DATE



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For Internal Office Use	
Checked By  _____ Procurement Specialist	Authorised By  _____ Senior Manager: Procurement
Processed by:  _____ Procurement Administrator	Vendor No.: _____
_____ Date:	



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### CHECK LIST

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