

<b>SUPPLIER INFORMATION QUESTIONNAIRE</b>	<b>Ref No.</b>	<b>SCM/SE/Reg 2</b>	<b>Rev No.</b>	<b>3</b>	<b>Dated</b>	<b>1/10/2008</b>
<p><b>NB: THIS DOCUMENT TO BE DULY COMPLETED BY THE SUPPLIER</b></p> <p><b>All the information contained in this Supplier Information Questionnaire will be treated as strictly confidential.</b></p> <p><b>Kindly address your reply to:</b></p> <p>_____</p> <p>NEF Supplier Database Administrator</p> <p>_____</p> <p>Supply Chain Management representative</p> <p>_____</p> <p style="text-align: center;"><b><u>IMPORTANT NOTE</u></b></p> <p>Please note that the supply or completion of this supplier information questionnaire does not constitute an offer nor agreement between your enterprise and NEF Trust.</p> <p>Please note that <u>all</u> answers to the questions contained herein are <u>material</u> and shall form the basis of the contract (if any) between your enterprise and NEF Trust. In the event that <u>any</u> answer furnished is incorrect, inaccurate, misleading or amounts to a misrepresentation of whatsoever nature, NEF Trust reserves the right, exercised in its sole and absolute discretion, to cancel the contract with your enterprise or take other appropriate legal action against your enterprise.</p>						
1) Registered Name of Enterprise:			2) Registration No. of Enterprise			
3) Division of:						
4) Full Previous Name/s:						
5) Full "Trading As" Name:						
6) Web Site address: (If available):						
7) Registered e-mail address (If available):						
8) Postal Address:						
					Postal Code:	
9) Physical Address:						
					Postal Code:	
10) Telephone Code & No.		11) Fax Code & No.		12) VAT Registration No.		
13) Name of Bank:			14) Name of Branch:			
15) Bank Account Number:		16) Branch Code:		17) Type Of Account:		
18) Account Holder Name:						

<b>19) Your Enterprise's Turnover (Indicate with X)</b>	Less than R 5 Million :	Less than R 35 Million :	Above R 35 Million :				
<b>20) Number of Employees currently employed :</b>							
<b>21) Geographical location/region for conducting of Primary Business : (Province and nearest city/town)</b>							
<b>22) Type of Business Your Enterprise Specializes in, i.e. Consulting Services, Legal Services, Stationery and Office Furniture, General Maintenance, Financial Services, Marketing, etc.</b>							
<b>A) Primary :</b>							
<b>B) Secondary :</b>							
<b>23) List the Shareholders/Directors/Members/Owners of your Enterprise (Attach own list if space provided is inadequate) (Proof Required)</b>							
Full Names & Surname (No Initials)	Identity No	Race	Disability (Y/N)	Gender	% Share	Cell Phone No	Title/Position
a)							
b)							
c)							
d)							
e)							
f)							
g)							
<b>24) List The Key Contact Persons In your Enterprise, i.e. Sales (Orders), Marketing, Accounts, etc.</b>							
Full Names & Surname (No Initials)	Identity No	Cell Phone No	Title/Position	E-Mail Address			
a)							
b)							
c)							
d)							
e)							
f)							
g)							

**25) PLEASE INDICATE (MARK WITH X) ONE OF THE FOLLOWING AS BEING REPRESENTATIVE OF YOUR ENTERPRISE AND INDENT THE RELEVANT DOCUMENTATION AS INDICATED:**

a) Sole Proprietor		e) Trust		i) Private Company Provide Company Reg Cert (CM1)	
b) Partnership		f) Section 21 Company		j) Public Company Provide Company Reg Cert (CM1)	
c) Association		g) Parastatal		k) Other	
d) Closed Corporation		h) Medical Company Provide medical Practice number			

**26) MANDATORY DOCUMENTATION REQUIRED (Please provide certified copies unless otherwise indicated)**

a) VAT Registration Certificate (VAT 103) (Please state if not registered for VAT)	
b) Valid Certified Tax Clearance Certificate.	
c) Original bank letter confirming account details. (Must include bank official information ie. Name, contact number)	
d) In event of the Company changing it's Name, Ownership or Type. (Relevant CM 9, CM 29, CM 45 must be submitted in writing).	
e) Workmen's Compensation Certificate	
f) Tax Directive / IRP30 (when Business Type is also Labour Broking)	
g) Tax Questionnaire (Form B)	

**27) OTHER DOCUMENTATION THAT MAY BE REQUIRED (Will be requested when applicable)**

a) Certificates of Recognised BEE Ratings.	
b) ISO Certification achieved (ISO 9001; ISO 14001; OSHAS 18001)	
c) Statutory/Legislative Certification (UIF, Flameproof; Lifting tackle etc.)	
d) Company Profile and Management Structure.	
e) Identity Documents (where applicable).	

**NB: If documents can not be provided, please list line number and provide motivation.**

**28) INDEMNITY DECLARATION:**

I, ..... (Name) in my capacity as..... (Designation)  
  
of..... (Company Name) hereby confirm that I have completed the  
details and set out the information requested above in this base information questionnaire, on behalf of .....  
(Company Name) I furthermore hereby warrant and confirm that a) I am duly authorized to provide the information as set out above in  
this questionnaire on behalf of .....(Company Name) and b) that all information given in  
this supplier base questionnaire is true and correct.

Date: .....

Signature: .....

Identity No:

Cell Phone No:

E-Mail Address:

**NB: NEF RESERVES IT'S RIGHTS TO CONSIDER THE DATA CONTAINED IN THIS DOCUMENT**