



DGB (PTY) LTD
VENDOR APPLICATION FORM

SECTION A: TO BE COMPLETED BY THE VENDOR:

Name of Legal Entity			
"Trading As" Name		Registration Number	
Street Address	City		
	Post Code		
P.O. Box	City		
	Post Code		
Province	Country		
Telephone Number	()	Fax Number	()
Website	E-mail		
VAT Registration Number	(please include copy of VAT registration certificate)		
Bank Name			
Bank Account Number	Branch Code		
Type of Bank Account	Current (cheque) Account	<input type="checkbox"/>	
	Savings Account	<input type="checkbox"/>	
Original certificate from bank that the above details are correct OR include an original cancelled cheque	BANK DATE STAMP		
Contact numbers of Debtors clerk handling DGB (Pty) ltd account	Tel. Number	()	Fax Number ()

Signature: _____ Date: _____
 Signed By: _____ Position: _____

This form must be completed in full or it will be returned. Only electronic payments will be made so please ensure that all bank details are correct. **The original form must be returned accompanied by either an original cancelled cheque or an original bank stamp confirming bank details. Only invoices reflecting the DGB (PTY) LTD purchase order number and correct company details as per Annexure 1 will be paid. Our payment terms are strictly 30 days from statement date.**

SECTION B: TO BE COMPLETED BY SOUTH AFRICAN VENDORS ONLY:

Please note: Vendors failing to supply DGB (PTY) LTD with valid BEE documents will not be loaded on our system.

Please select ONLY ONE OPTION marked with an X in the appropriate box.

1.	Total Revenue* (Turnover) details:	YES	NO	COMMENTS
1.1	Is your annual Total Revenue less than R10 million?			
1.2	Is your annual Total Revenue between R10 million and R50 million?			
1.3	Is your annual Total revenue greater than R50 million?			

If you answered YES in:

1.1 Please supply us with the following information:

An Exempt Certificate from an Independent Rating Agency* or
Written confirmation from an independent entity* that can confirm that your revenue is below R10 million

1.2 Please supply us with a QSE certificate from an Independent Rating Agency*

1.3 Please supply us with a GENERIC certificate from an Independent Rating Agency*

2.	Ownership details:	YES	NO	COMMENTS
2.1	Are you more than 50% black owned*?			
2.2	Are you more than 30% black women owned*?			

If you answered YES in:

2.1 & 2.2 Please supply us with confirmation from an independent entity that can confirm your ownership details if not evident from a rating certificate

3.	Value-adding* supplier details	YES	NO	COMMENTS
3.1	Are you a value-adding* supplier			

If you answered YES in:

3.1 Please supply us with confirmation from an independent entity that can confirm your value-adding status if not evident from a rating certificate

***Definitions:**

Value adding entity: When your company's net profit before tax together with total labour cost exceeds 25% of the value of total revenue.

50% black owned: Means an entity where black people hold more than 50% of the exercisable voting rights and economic interest.

30% black women owned: Means an entity where black women hold more than 30% of the exercisable voting rights and economic interest.

Total revenue: Means the total income of an Entity from its operations under South African Generally Accepted

Independent Rating Agency: A list of approved Independent Rating Agencies can be obtained from SANAS (SA National Accreditation System)

Independent Entity: Company Auditors, Bookkeeper or qualified person not employed by the company.

This is to confirm that the Shareholding and financial information is true and correct:

Date:

Company Name:

Contact Number:

SECTION C: TO BE COMPLETED BY THE DGB REQUESTER

Motivation for new vendor

Vendor Category (eg. Marketing, stock)	Main Category	
	Sub Category	
Payment Terms (NO COD OR DEPOSIT PAYMENTS WILL BE MADE WITHOUT PRIOR AUTHORISATION)	30 DAYS FROM STATEMENT	
Requester	Authorisation (must be Department Head)	
Name:	Name:	
Job Title:	Job Title:	
Site:	Site:	
Signature:	Signature:	
Date:	Date:	

SECTION D: TO BE COMPLETED BY THE DGB FINANCE DEPARTMENT

TransUnion Checked	Date:	TransUnion Results Attached	YES	NO
Cipro validation checked	Date:	Cipro results attached:	YES	NO
VAT registration verification	Date:	VAT registration (search results) attached	YES	NO
Vendor created by:	Accounting clerk code:			
Date:	Vendor Number:			
Signature of Finance Department:	Date:	Released:	YES	
			NO	

Procedures:

1. The application should be completed in full and signed off by an authorised signatory.
2. No form will be processed if bank detail information is not completed, it must be **confirmed with an original bank stamp or an original cancelled cheque.**
3. No vendor will be created with **immediate payment terms unless prior approval received in writing from the Financial Director.**
4. All forms should be sent to the Finance Department at Head Office.
5. No vendor will be entered on the system if BBBEE information is not supplied.

Annexure 1

All Tax invoices must be addressed to:

Company Name

DGB (Pty) Ltd

Postal Address

P.O. Box 7896

Halfway House

1685

DGB (Pty) Ltd Vat number

4490105063