

Checklist	
1. <b>ORIGINAL</b> Vendor Application – signed by Financial Director of the supplier	
2. <b>ORIGINAL</b> cancelled cheque or <b>ORIGINAL</b> bank stamped letter confirming bank details (not older than 3 months)	
3. Company Registration documents ( Not older than 1 year)	
4. Valid Tax clearance certificate clearly showing VAT number <b>AND</b> Vat registration certificate	
5. BEE Certificate (Plan to obtain one if none in place)	
6. Page 4 must be signed by Head of Department (Manager level or higher)	
7. Relevant quotes attached	

**STER- KINEKOR THEATRES : VENDORS APPLICATION FROM**

**SECTION 1 – VENDOR DETAILS (ALL FIELDS MUST BE COMPLETED BY SUPPLIER)**

**REGISTERED NAME OF VENDOR ACCOUNT TO BE OPENED**

**(PLEASE ATTACH PROOF OF BUSINESS ADDRESS COPY)**

Trading Name of Business \_\_\_\_\_

Registered name of Business: \_\_\_\_\_

Registration No.: \_\_\_\_\_ VAT No.: \_\_\_\_\_  
 (if CC or Company) (Please attach a copy of your VAT certificate)

Street Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Web Address \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**INDUSTRY OF BUSINESS:**

**Is the Business:**

An Agent  Manufacturer  Distributor  Consultant  Contractor

Other Specify \_\_\_\_\_

**List of all goods/service the business is able to manufacture/ render**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARTNERS / DIRECTORS / OWNERS/MEMBERS/SHAREHOLDERS:**

a) \_\_\_\_\_ b) \_\_\_\_\_

c) \_\_\_\_\_ d) \_\_\_\_\_

**Broad Based Black Empowerment Rating:**

**ONLY TO BE COMPLETED BY SOUTH AFRICAN COMPANIES**

- 1. Attach a copy of your Broad Based Black Empowerment certificate
- 2. Please tick a box to indicate your Broad Based Black Empowerment rating

<input type="checkbox"/>	Level 1 100% & above	<input type="checkbox"/>	Level 2 85% - 99.99%
<input type="checkbox"/>	Level 3 75% - 84.99%	<input type="checkbox"/>	Level 4 65% - 74.99%
<input type="checkbox"/>	Level 5 55% - 64.99%	<input type="checkbox"/>	Level 6 45% - 54.99%
<input type="checkbox"/>	Level 7 40% - 44.99%	<input type="checkbox"/>	Level 8 30% - 39.99%
<input type="checkbox"/>	Non Compliant 29.99% and less		

**THE FOLLOWING SECTION ONLY TO BE COMPLETED BY VENDORS, WHO ARE IN THE PROCESS OF OBTAINING A BROAD BASED BLACK EMPOWERMENT CERTIFICATE**

- 1. By which date do you expect to obtain your broad based black empowerment certificate?

Day of \_\_\_\_\_ 201\_\_\_\_.

2. Do you need assistance in obtaining your broad based black empowerment certificate?

YES

NO

**STER KINEKOR WILL GIVE PREFERENCE TO VENDORS THAT HAVE A BROAD BASED BLACK EMPOWERMENT RATING.**

**BANK DETAILS: (PLEASE ATTACH COPY OF AN ORIGINAL CANCELLED CHEQUE OR ORIGINAL STAMPED LETTER FROM THE BANK )**

**Bank:** \_\_\_\_\_ **Branch:** \_\_\_\_\_

**A/C No:** \_\_\_\_\_ **Branch Code:** \_\_\_\_\_

**A/C Type** \_\_\_\_\_

**CONTACT PERSON(S) FOR ACCOUNTS:**

**Name and Surname:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Name and Surname:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**SECTION 2 – SUPPLIER ACCEPTANCE OF TERMS AND CONDITIONS**

**CONDITIONS:**

**Please note Ster-Kinekor Terms of Payment are 30 days from date of statement irrespective of the terms and conditions on any Invoices.**

**In the interest of ensuring that payment for goods and services are made timeously we require that the following process is followed:**

- 1. When an order is placed the supplier has to request a copy of the printed purchase order.**
- 2. The purchase order number must be reflected on all delivery notes and invoices.**
- 3. When the goods or services have been received SKT will complete a goods received note after checking the goods or service. This will be on the day of receipt**
- 4. If goods are delivered short the goods receipt note must only reflect the goods received. The goods receipt note must be closed. There will be no part deliveries to complete the original order.**
- 5. If the balance of the order is to be delivered later a new purchase order must be faxed again to the supplier.**
- 6. Goods delivered in excess of goods ordered must be returned to the supplier and the necessary notation must be made on the delivery note and signed by the driver and the Ster-Kinekor theatres employee returning the goods. The signatures must be accompanied by the printed names of the signatories.**
- 7. All billing must reflect goods/services actually delivered/rendered. Any shortfalls will not be paid for and a credit note requested.**
- 8. Ster-Kinekor theatres reserve the right to request a copy of the purchase order prior to payment being made.**

**NO PAYMENTS WILL BE MADE FOR GOODS OR SERVICES TO STER-KINEKOR WITHOUT A PURCHASE ORDER AND WE WILL NOT BE HELD LIABLE THEREAFTER.**

**CONDITIONS ACCEPTANCE:**

I, \_\_\_\_\_, hereby accept the above conditions on this  
\_\_\_\_\_ Day of \_\_\_\_\_ 201\_\_.

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

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

**SECTION 3 – FOR OFFICE USE ONLY (TO BE COMPLETED BY Ster- Kinekor Theatres)**

**Requesting Department:** \_\_\_\_\_

**Requestor**

Name and Surname: \_\_\_\_\_ Signature \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax \_\_\_\_\_

Date Requested: \_\_\_\_\_

**1) Have you verified that SKT does not have an existing supplier that supplies the same/similar goods/services?**

Yes  No

*If the answer above is NO please examine at the existing approved supplier list before continuing further as this application will be rejected. A list of vendors is available from finance upon request.*

**If there is an existing supplier that supplies the same goods/services and you still want add this new supplier, please detail reasons why:**

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**2) Quotes attached** Yes  No

**Please attach quotes to this application based on the expected monthly value of purchases from this supplier as follows:**

- Up to R20 000 – One quote
- R20 000 to R75 000 – Two quotes
- Above R75 000 – Three quotes

*Please ensure that sufficient quotes are obtained based on the expected value of purchases from this supplier, failing which, this application will be rejected.*

**3) BEE and VAT status**

**Please ensure you have checked the supplier's BEE and VAT status as we cannot accept supplier's that have neither in place without valid plan to obtain these.**

**Requesting Head of department (Manager level or higher)**

Name and Surname: \_\_\_\_\_ Signature \_\_\_\_\_

**Procurement/Finance Department**

**Approved by:** \_\_\_\_\_ **Declined by:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Vendor Number:** \_\_\_\_\_

**Creditor Clerk allocated to:** \_\_\_\_\_

**Reasons for declination (if applicable)**

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

**The Supplier/Vendor willingly provides Ster Kinekor with its information for purposes of this vendor application. Ster Kinekor undertakes to use the information provided by the Supplier/Vendor for purposes of processing this vendor application only and shall not publish and/or disclose the information to 3<sup>rd</sup> parties without the express consent of the Supplier/Vendor.**

STER-KINEKOR THEATRES

