



New loveLife Trust
tel +27 (0)11 523 1000
fax +27 (0)11 523 1001
48 wierda rd west,
wierda valley, sandton, 2196
po box 45, parklands, 2121,
south africa
www.lovelife.org.za

SUPPLIER DATABASE REGISTRATION FORM

Dear Vendor,

This registration form is designed to assess your capability as a possible supplier to the New loveLife Trust.

The registration form must be completed in FULL with no omitted/left out information. The form can be completed in two ways:

- Typed
- Hand written (If hand written, it must be clearly eligible/readable. If not, the form will not be considered)

The following supporting documentation MUST be submitted with the completed registration form, if the supporting documents are not submitted, your application will not be considered. Certified copies will be acceptable:

- Company Registration Documents
- BBBEE certificate/sworn affidavit (valid)
- Tax Clearance Certificate (valid)
- Bank confirmation letter of your companies banking details (not older than 1 year)
- Cancelled Cheque
- Company Profile

The fully completed registration form with the supporting documents can be submitted in two ways, both clearly marked: Supplier Database Registration Forms:

- Electronically to: procurement@lovelife.org.za
- Hand delivered or posted to: 48 Wierda Road West, Wierda Valley, Sandton

All information submitted will be treated as confidential between loveLife and the supplier.

Yours Sincerely
Supply Chain Team

1. Company Details

| | |
|--|--|
| Name of Vendor: | |
| Physical Address: | |
| Postal Address: | |
| Phone Number: | |
| Fax Number / Email: | |
| Company Registration No: | |
| Vat Number: | |
| Banking Details: | |
| Product/Service Range - Please list the goods or services that your company provides: | |

2. Contact Details:

| <u>Primary Contact</u> | <u>Name</u> | <u>Title</u> | <u>Direct Phone Number</u> | <u>Email Address</u> |
|---|-------------|--------------|----------------------------|----------------------|
| Management | | | | |
| Sales | | | | |
| Finance for Account Queries | | | | |
| Account Manager to be assigned to loveLife | | | | |

3. Regions in which supplier operates (tick where applicable and attach addresses of sites/branches) :

| | | | |
|------------|--|---------------|--|
| GAUTENG | | KWAZULU NATAL | |
| NORTH WEST | | WESTERN CAPE | |
| LIMPOPO | | EASTERN CAPE | |
| MPUMALANGA | | NORTHERN CAPE | |
| FREE STATE | | | |

4. Contactable references (at least five):

| <u>Company</u> | <u>Contact Name</u> | <u>Phone Number</u> | <u>E-Mail Address</u> |
|----------------|---------------------|---------------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

5. Quality Systems in place (please attach, if other, please specify):

| | | | |
|---|--------------------------|--------------|--------------------------|
| ISO 9001 | <input type="checkbox"/> | TOURISM STAR | <input type="checkbox"/> |
| ISO/TS 16949 | <input type="checkbox"/> | GRADING | <input type="checkbox"/> |
| QS 9000 | <input type="checkbox"/> | SABS | <input type="checkbox"/> |
| ISO 14000 | <input type="checkbox"/> | OTHER | <input type="checkbox"/> |
| | | NONE | <input type="checkbox"/> |
| <i>If None Please Clarify:</i> <input type="text"/> | | | |

6. Confirmation by Vendor:

I declare that all information supplied in this document to be true and correct and that all supporting documents are true and correct:

| |
|--------------------------------------|
| Name of person completing this form: |
| Position: |
| Signature: |
| Date: |