

Aldor Africa (Pty) Ltd
 1338 Staal Road
 Stormill Ext 2
 Roodepoort
 1709



P O Box 30023
 Wibsey
 1717
 Tel: 011-474 9252
 Fax:011-474 9365

VENDOR MASTER REQUISITION FORM

Users are not authorized to commit business with vendors before vendor approval process

1. No Request should be submitted without the Supporting Documents
2. Please ensure information provided is correct otherwise process will be delayed.
3. Procurement reserve the right to return the incomplete/incorrect form back to you.

Instruction - How to fill this form

1. All fields marked with "*" are MANDATORY to be completed by the Vendor
2. Vendor to sign off the acknowledgement letter to the supplier code attached.
3. Supporting documents required are as follows: (Check boxes to be filled by the Requestor)

- Vendor Request Form:
- Banking details verification letter with bank stamp & bank contact details from bank :
- BEE / EXE Certificate:
- Tax Clearance Certificate
- Company documents reflecting full names of directors/trustees/members (CK1/CM1)
- Company Registration Document (ID Document if individual)
- IRP 30 Exemption Certificate

4. Additional Documents In case of Name Change Request,
 - Letter from supplier stating the change and the impact on the ownership:
 - Tax Clearance Certificate
 - IRP 30 Exemption Certificate

SECTION A: ALDOR PERSONNEL (REQUESTOR) TO COMPLETE

ALDOR AFRICA PERSONEL TO FILL IN *

Requestor's Name *	<input style="width: 95%;" type="text"/>	Approved By *	<input style="width: 95%;" type="text"/>
Requestor's Tel. No. *	<input style="width: 95%;" type="text"/>	Date of Approval*	<input style="width: 95%;" type="text"/>
Requestor's Department *	<input style="width: 95%;" type="text"/>	Approver Signature *	<input style="width: 95%;" type="text"/>
Requestor's Email *	<input style="width: 95%;" type="text"/>	Reviewed By *	<input style="width: 95%;" type="text"/>
Request Date *	<input style="width: 95%;" type="text"/>	Date of Review *	<input style="width: 95%;" type="text"/>
Requestor's Signature *	<input style="width: 95%;" type="text"/>	Reviewer's Signature *	<input style="width: 95%;" type="text"/>

What is Material/Service you'll purchase from this vendor? *

Please Specify detail for products or services: *

Please provide reason for selecting this vendor: *

- Local Vendor
- Foreign Vendor

SECTION B: VENDOR DETAILS

VENDOR TO FILL IN

Title *	<u>FALK CULINARY</u>	P.O. Box Number *	
Legal Name *	<u>EUROPE COPPER LTD</u>	P.O. Box City *	
Trading Name *		Postal Code *	
Company Registration No. *		Phone 1 *	<u>+44 0203 637 2940</u>
House Number *	<u>483</u>	Phone 2 *	
Moo/Soi/Building/Fl. *		Fax *	
Street *	<u>CRESY LANE</u>	VAT Number *	
District *		Country *	<u>UNITED KINGDOM</u>
City *	<u>LONDON</u>		
Postal Code *	<u>N13 4BS</u>		
Contact Person *	<u>NEIL CORKE</u>		
E-Mail Address *	<u>neil.corke@falkcoppercookware.com</u>		
Payment Advice E-Mail *	<u>accounting@falkcoppercookware.com</u>		

Select Appropriate Box

Are you a labour broker? *	<input type="radio"/> Yes	<input type="radio"/> No
Do you provide a service or personnel to Aldor Africa? *	<input type="radio"/> Personell	<input type="radio"/> Service
Do you employ three or more permanent staff who are not connected persons? *	<input type="radio"/> Yes	<input type="radio"/> No
Do you render services mainly at Aldor Africa's premises? *	<input type="radio"/> Yes	<input type="radio"/> No
Are your services subject to supervision and control by Aldor Africa management at the site? *	<input type="radio"/> Yes	<input type="radio"/> No
Are you contractually obliged by Aldor Africa to provide the services of a specified employee? *	<input type="radio"/> Yes	<input type="radio"/> No
Could the services your entity provides be provided by an employee if the position existed in Aldor Africa? *	<input type="radio"/> Yes	<input type="radio"/> No
Does Aldor Africa determine how many hours you work? *	<input type="radio"/> Yes	<input type="radio"/> No
Does Aldor Africa provide you with tools/equipment, raw materials, work routines or patents? *	<input type="radio"/> Yes	<input type="radio"/> No
Does the payment you receive from Aldor Africa fluctuate based on hours worked? *	<input type="radio"/> Yes	<input type="radio"/> No
Does Aldor Africa require you to undergo training in order to ensure delivery to Aldor Africa's standards? *	<input type="radio"/> Yes	<input type="radio"/> No

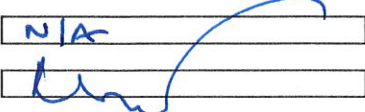
SECTION C: VENDOR BANK DETAILS

Please transfer money to:

Bank name *	
Branch Name *	<u>PLEASE SEE ATTACHED INVOICE</u>
Branch Code *	
Bank Account Name *	
Bank Account Number *	
SWIFT Code *	
Date of Signature *	
Bank Address *	

Note: The following accounts are not possible to make transfer payment 1) BNP Paribas 2) Fixed account of all Banks

SECTION D: VENDOR PAYMENT TERMS

Order Currency *	<u>EURO</u>	Terms of Payment *	<u>N/A</u>
*Standard = ZA25 (25 days from Inv.date)			
If Term of payment is less than 25 days from invoice date (ZA25), please stipulate the required term and provide the reason			
Credit Limit *	<u>N/A</u>	Total Discount *	<u>N/A</u>
Director / Owner *		Director / Owner Signature *	
Date *	<u>3/10/2014</u>		