

	ROYAL ESWATINI SUGAR CORPORATION NEW OR CHANGE SUPPLIER APPLICATION FORM	Procurement PRO FO 1.1.1
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BUSINESS PARTICULARS

REGISTERED NAME OF COMPANY : _____

(ATTACH THE FOLLOWING DOCUMENTS WITH THE APPLICATION)

1. **CERTIFIED** COPY OF LIST OF DIRECTORS
2. COMPANY PROFILE
3. LIST OF KEY PERSONNEL -THEIR QUALIFICATIONS & EXPERIENCES
4. LIST OF EQUIPMENT (WHERE APPLICABLE)
5. WORKSMAN COMPANSATION & PUBLIC LIABILITY INSURANCE CERTIFICATES
6. AUDITED FINANCIAL STATEMENTS - LESS THAN TWO YEARS

REGISTRATION NUMBER : _____

(ATTACH **CERTIFIED** COPY OF COMPANY REGISTRATION CERTIFICATE)

TRADING NAME : _____

(ATTACH **CERTIFIED** COPY OF TRADING LICENCE OR SARS TAX CLEARANCE)

VAT REGISTRATION NO : _____

(ATTACH **CERTIFIED** COPY OF VAT REGISTRATION CERTIFICATE)

PARENT / HOLDING COMPANY (if any) : _____

POSTAL ADDRESS : _____

PHYSICAL ADDRESS : _____

TELEPHONE NUMBER/S : _____

FAX NUMBER : _____

EMAIL ADDRESS : _____

NATURE OF BUSINESS : _____

(Manufacturer/Distributor/Contractor/Consultant)

(CONTRACTORS AND CONSULTANTS MUST ATTACH A **CERTIFIED** COPY OF THE ANNUAL REGISTRATION CERTIFICATE TO THE SWAZILAND CONSTRUCTION INDUSTRY COUNCIL – ACT NO. 14 OF 2013)

AGENCY : _____

(ATTACH COPY OF ACCREDITATION FROM MANUFACTURER)

PRODUCTS OR TRADE : 1. _____

(Attach separate list if space provided is not enough) 2. _____

3. _____

CONTACTS

MANAGING DIRECTOR / CEO NAME: _____

TEL _____ CELL _____

SALES REPRESENTATIVE NAME: _____

TEL _____ CELL _____

ACCOUNTS QUERIES NAME: _____

TEL _____ CELL _____

Email: _____

AFTER HOURS SERVICE TEL _____ CELL _____

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BANKING DETAILS

PAYEE: _____ BANK NAME _____
 ACCOUNT NO: _____ SWIFT CODE: _____
 BRANCH NAME _____ BRANCH CODE _____
 (ATTACH COPY OF CANCELLED CHEQUE OR CONFIRMATION LETTER FROM THE BANK)

TRADE REFERENCES

1. COMPANY : _____
 CONTACT : _____
 TELEPHONE: _____ CELL _____
 2. COMPANY : _____
 CONTACT : _____
 TELEPHONE: _____ CELL _____
 3. COMPANY : _____
 CONTACT : _____
 TELEPHONE: _____ CELL _____

QUALITY CONTROL SYSTEMS

Please complete the attached Supplier Assessment Questionnaire Form and submit together with this application form.

I confirm that the information disclosed herein is true and correct. I confirm that no RES employee or his/her spouse is a director or shareholder of my company. I confirm that my company shall fully comply with the following terms and conditions (all available on: www.res.co.sz);

- RES General Terms and Conditions of Purchase
- Safety Rules and Regulations for Contractors
- Food Safety Requirements and Specifications
- The Construction Industry Council Act, 2013

NAME _____
 CAPACITY _____
 SIGNATURE _____
 DATE _____

By return of this form, RES shall not be deemed to admit or imply any obligation whatsoever to place your company on the approved vendor list.

All the information contained herein will be treated as strictly confidential.