

NEW BENEFICIARY

Name of company that holds this account	
---	--

Please complete ALL the requested details and deliver or post this form (with attachments) back to the General Manager of the Company above at 8 Hawkins Avenue, Epping 1, Cape Town

Please note that our payment terms are 30 or 60 days only.

Written applications for shorter terms may be addressed under separate cover to the Financial Manager and faxed to 021 530 8088

Supplier Name					
Co. Registration No.			VAT No.		
Type of Business (mark the applicable block)	Sole Trader	Partnership	Trust	Close Corporation	Proprietary Limited
Street Address				Telephone	
				Facsimile	
Post Address					
				Postal Code	
Email address					
Bank			Type of Account		
Account Number			Branch Code		
Bank Reference	Please attach an original letter of reference from your bank or a cancelled cheque to this application (We cannot approve your application without one of these references)				
Auditors name				Telephone	
Attorneys name				Telephone	
Quality	Does your company have a ISO 9001 certified Quality management System in place			Yes	No
	If YES, please attach a copy of your certificate		If NO, by when do you expect to be eligible for a certificate		
BBEEE	Does your company have a BBEEE Certificate of Compliance from an accredited verification agency?			Yes	No
	If YES, please attach a copy of your certificate		If NO, by when do you expect to be eligible for a certificate		
SUPPLIER Authority	Name & Surname			Signature	
	Designation			Date	

SOLETHU Approval	Approved		Approved	
	Captured	<small>Responsible Manager</small>	<small>Financial Manager</small>	
		<small>Creditors Clerk</small>	Capture checked	<small>Credit Manager</small>