

SUPPLIER APPROVAL FORM

PROPOSED SUPPLIER DETAILS

NAME OF PROPOSED SUPPLIER: _____

REGISTERED ADDRESS: _____

CONTACT NUMBERS: OFFICE _____ MOBILE: _____ FAX NO: _____

CONTACT PERSON: _____

POSITION: _____

E-MAIL ADDRESS FOR THE RECEIPT OF ELECTRONIC PURCHASE ORDER: _____

E-MAIL ADDRESS FOR THE RECEIPT OF ELECTRONIC REMITTANCE ADVICE (if different from above): _____

G.C.T.REGISTRATION NO./TRN: _____

TERMS OF PAYMENT: NET 30 DAYS

FINANCIAL INSTITUTION FOR ACCOUNT (NCB, etc): _____

BANK ADDRESS/BRANCH LOCATION: _____

SUPPLIER BANK ACCOUNT NUMBER: _____

TYPE OF ACCOUNT (CURRENT OR SAVINGS): _____

DIRECTOR/CFO/FINANCIAL CONTROL OFFICER SIGNATURE ONLY:

	Company Stamp
NAME	
SIGNATURE	

NCB LOCATIONS/SUBSIDIARIES ONLY (For Internal Use Only)

LOCATION: _____

NEW SUPPLIER: SUPPLIER AMENDMENT:

DESCRIPTION OF SERVICE PROVIDED: _____

IS THIS A NEW SERVICE? Yes No

IF NO, JUSTIFY REASON FOR NEW SUPPLIER _____

ALLOW WITHHOLDING TAX (FOREIGN SUPPLIERS ONLY): Yes No

PROPOSED DOLLAR SPEND PER ANNUM: _____

PROPOSED NUMBER OF TRANSACTION PER ANNUM: _____

MANAGER/OFFICER IN CHARGE		
NAME AND DATE	SIGNATURE	

DIVISIONAL HEAD		
NAME AND DATE	SIGNATURE	

1. This section **MUST** be signed by the responsible Divisional Head

2. All supporting documents must be provided with this form

3. Consultancy services for individuals that could amount to employment must be reviewed by GHRD prior to submitting this form to FSD

Supplier by Direct Negotiation for Amt < \$250K per annum

- | | |
|---|--|
| <input type="checkbox"/> Tax Compliance Certificate (TCC) | <input type="checkbox"/> Reference |
| <input type="checkbox"/> Tax Registration Number (TRN) if an individual | <input type="checkbox"/> Copy of Identification, e.g. Driver's License |
| <input type="checkbox"/> Quotation | <input type="checkbox"/> Professional/Regulatory Certification |

Supplier by for spend >=\$250K per annum

- | | |
|---|--|
| <input type="checkbox"/> Tax Compliance Certificate (TCC) | <input type="checkbox"/> References (3) provided and checked |
| <input type="checkbox"/> Tax Registration Number (TRN) if an individual | <input type="checkbox"/> Copy of Identification, e.g. Driver's License |
| <input type="checkbox"/> Quotations (Minimum of 3) | <input type="checkbox"/> Professional/Regulatory Certification |
| <input type="checkbox"/> Business Justification | <input type="checkbox"/> Site Visited |

PURCHASING UNIT ONLY (For internal Use Only)

APPROVED: NOT APPROVED: DATE: _____

APPROVED BY: _____

NAME	SIGNATURE
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REASON FOR REJECTION: _____

ENTERED BY: _____ Access # _____

ORACLE NO. _____