

VENDOR APPLICATION FORM



**EVRAZ HIGHVELD STEEL AND VANADIUM
LIMITED**

VENDOR APPLICATION FORM



VENDOR REGISTRATION

1. **General Information**

1.1 **Completion of Forms**

In order to ensure that your application form is successfully registered, please adhere to the checklist as detailed below:

- ⌋ All information disclosed will be treated as highly confidential.
- ⌋ All fields in the form must be completed. Where they are not applicable to the applicant, they can be marked as "N/A".
- ⌋ Sign page 13.
- ⌋ Ensure that all the documentation that is relevant to your organisation is attached – refer to the checklist on page 12.
- ⌋ Keep a copy of the vendor application form and attached documentation and advise Evraz Highveld Steel and Vanadium Limited of any amendments
- ⌋ Post or deliver completed vendor application form to:

Postal address:	Delivery address:
Evraz Highveld Steel and Vanadium Limited	Evraz Highveld Steel and Vanadium Limited
PO Box 111	Administration Block
eMalahleni	Portion 93 of the Farm Schoongezicht, 308 JS, Old Pretoria Road
1035	eMalahleni
Attention: Ms Heleen van Heerden	Attention: Ms Heleen van Heerden

- ⌋ Contact Person : Heleen van Heerden
Tel: (013) 690 8669
E-mail:heleenv@evrazhighveld.co.za

1.2 **Processing of Vendor Application Forms**

Completed Vendor Application Forms are, following processing and verification, forwarded to the Evraz Highveld Steel and Vanadium Limited Vendor Management Committee for approval. Once approved the Vendor Application Form will be subject to a bank verification and a security check.

VENDOR APPLICATION FORM



VENDOR APPLICATION FORM

2 Vendor Registration Form

2.1 Organisation Details

Full Name of Organisation

Registration Number

Web Address

VAT Registration Number

2.2 Address and Contact Information

Telephone Number (Include area code)

Fax Number (Include area code)

E-mail Address

Physical Address (Include suburb and city)

Postal Address (Include suburb and city)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Postal Code

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Province

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Country

<input type="text"/>	<input type="text"/>
----------------------	----------------------

VENDOR APPLICATION FORM



2.3 Contact Person

Managing Director / Owner

Contact Name

Contact Number

Contact Fax Number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

E-mail

Sales Representative

Contact Name

Contact Number

Contact Fax Number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

E-mail

Accounts

Contact Name

Contact Number

Contact Fax Number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Contact E-mail

Technical Representative

Contact Name

Contact Number

Contact Fax Number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

E-mail

VENDOR APPLICATION FORM



2.4 Trade References

Please provide two references of customers and two references of suppliers that your organisation has dealt with in the last two years.

Customers

Customer 1: Organisation's Name

Customer Contact Person

Customer Contact Number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Scope of goods, work and or service rendered

Customer 2: Organisation's Name

Customer Contact Person

Customer Contact Number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Scope of goods, work and or service rendered

Suppliers

Supplier 1: Organisation's Name

Supplier Contact Person

Supplier Contact Number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Supplier 2: Organisation's Name

Supplier Contact Person

Supplier Contact Number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

VENDOR APPLICATION FORM



2.5 List of Products and Services

Please state your main areas of business/specialisation in detail below and select suitable categories of supply:

Raw Materials and Production	Water treatment consumables	Scaffolding	project management, auditors, training
Aluminium	Well and purge blocks	Screens	Rail maintenance
Ammonium sulphate	Wood products: dunnage	Sealing and seals	Recovery services (excluding scrap purchases)
Anhydrous ammonia	Engineering and Capital	Segment and oscillator repairs	Scales and weighbridges
Anthracite	Bearings	Service exchange: motors, cylinders and related items	Security services
Binders	Bolts and nuts	Slagpots	Service exchange of engines and related items
Casting powders	Building material	Steel sections	Surveying and consultations
Caustic soda	Bussbars and flexibles	Steel wire rope	Transport: internal and external
Chrome and steel balls	Centrifuges	Steelwork and structural repairs	Turnstile maintenance
Coal	Civils	Valves	Tyres and tyre maintenance
Coke	Chocks	Service and Logistics	Vehicles: new and maintenance
Copper	Combustion and boilers	Alignments and calibration	Vehicles: panel beating and repairs
Copper mould plates	Condition monitoring: plant – vibration, oil, heat	Blasting and excavations	Water analysis
Dolomite: burnt, normal	Conveyer belts and idlers	Bucket repairs (vehicle)	Water management
EDTA		Canteen services	General
Electrode paste		Cleaning Services: manual and high pressure	Bags: plastic
Electrodes		Clinic services	Books and subscriptions
Ferro chrome	Conveyer belt maintenance	Courier services	Chemical consumables: laboratory
Ferro manganese and oxides	Corrosive protection	Crane hire	Computer: hardware and software
Fluorspar	Crane repairs and load testing	Electricity	Computer services
Gasses: oxygen, nitrogen, argon	Cylinder repairs (excluding vehicles)	Environmental services: rehabilitation, clean-up, slime dam maintenance	Office furniture
Iron Ore	Demolition	Fire control systems	Class: replacement
Kiln gun and cartridges	Electrical installations	Fuel	Office equipment
Kiln wrecking	Fencing and paving	Freight and forwarding	Printing
Ladle maintenance: relining	Filter bags for baghouses		Promotional gifts
Lime	Filters (excluding vehicles)		Refreshments: cold drink / milk
LSDF desulphurisation agent	Foundry work		Safety equipment
Magnesium oxide	Furnace components: hoods		Signs
Manganese ore	Gearboxes: (excluding vehicles)		Stationery
Millscale	Gears		Steel markers
Molyoxide	Hydraulics: (excluding vehicles)		Tools (including cutting tools)
Nickel	Insulation		Vouchers
Packing materials: drums, boxes	Instrumentation		
Pallet supply	Laboratory equipment		
Plugs: taphole	Ladle maintenance: steel and structural repairs		
Polyfuel	Lubricants		
Refractories	Machining		
Samite ignitors	Motor repairs		
Sand	On site drilling		
Scrap purchases	Pipes and fittings		
Silica quartz	Precipitators		
Sinter	Propshafts (excluding vehicles)		
Soda carb	Pumps		
Sodium silicate	Road maintenance		
Sodium sulphate	Roof repairs		
Sulphuric acid: bulk	Rolls		
Taphole clay	Sandblasting		
Thermocouples and samplers			
Tundish repairs: spraying and refractories			

VENDOR APPLICATION FORM



2.6 Ownership and Demographics

The following information will remain confidential at all times and will only be used for reference and reporting purposes within Evraz Highveld Steel and Vanadium

Geographic areas of business

Gauteng	<input type="checkbox"/>	Western Cape	<input type="checkbox"/>	Eastern Cape	<input type="checkbox"/>
Northern Cape	<input type="checkbox"/>	Free State	<input type="checkbox"/>	Mpumalanga	<input type="checkbox"/>
Kwa-Zulu Natal	<input type="checkbox"/>	North West	<input type="checkbox"/>	Limpopo	<input type="checkbox"/>

Gross asset value

<R2 million <R25 million <R50 million >R50 million

Annual turnover

<R2 million <R20 million <R50 million >R50 million

Period that organisation has been in operation

Total number of permanent employees

<10 <50 <150 <200 >200

Demographics of shareholders, directors, partners, members or owners of the organisation

Name	ID No.	Race	Gender	Position Held	% Share-holding

VENDOR APPLICATION FORM



2.7 Security

List the name/s of all other businesses in which a shareholder, director, partner, member or owner of the organisation currently is or has been involved with.

Full name

Name of business

Full name	Name of business

Have any of the above directors, partners, owners or members been sequestrated?

Yes No

If yes, please supply full details.

Has the organisation ever been liquidated or declared insolvent?

Yes No

If yes, please supply full details.

Name of all relatives, employed at Evraz Highveld Steel and Vanadium Limited, if any

Name of person(s)

Has any director, member or employee, including hired labour, been convicted of any criminal offence?

Yes No

If yes, please state when, where and what the offence was.

Has your organisation ever been investigated or rejected by any other company, as a result of security reasons?

Yes No

If yes, please supply full details.

VENDOR APPLICATION FORM



2.8 Black Economic Empowerment Status

Has your organisation undergone a formal broad based black economic empowerment (BBBEE) accreditation?

Yes No

Provide the name of the accreditation agency

Indicate your level of accreditation (mark with X)

Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8	Level 9
---------	---------	---------	---------	---------	---------	---------	---------	---------

2.9 Quality Management Systems

Indicate the status of your accreditation in respect of the following (mark with X). (If accreditation has been awarded please attach a copy of the certification) :

TYPE OF ACCREDITATION	IN PROCESS	PLANNED DATE OF ACCREDITATION	ISSUING BODY / ORGANISATION	YEAR ACCREDITATION OBTAINED
ISO 9001 :2000				

If **ACCREDITED**, please provide the following information and then proceed to Environmental Management Systems

Certification number

Name of the certifying body

If **NOT ACCREDITED**, please answer the following questions:

Is your current system fully documented (i.e. procedures / work instructions, etc.)? Please provide copies of system documentation.

Yes No

Is your current system subject to audits by independent and qualified personnel?

Yes No

Are management reviews conducted regularly?

Yes No

Are quality control plans of similar systems in operation?

Yes No

VENDOR APPLICATION FORM



Environmental Management System

Indicate the status of your accreditation in respect of the following (mark with X). (If accreditation has been awarded please attach a copy of the certification) :

TYPE OF ACCREDITATION	IN PROCESS	PLANNED DATE OF ACCREDITATION	ISSUING BODY / ORGANISATION	YEAR ACCREDITATION OBTAINED
ISO 14001 : 2004				
SABS				

If **ACCREDITED**, please provide the following information and then proceed to Occupational Health and Safety Management Systems

Certification number

Name of the certifying body

If **NOT ACCREDITED**, please answer the following questions:

- Has an environmental policy been documented by management?
Please provide copies of system documentation.

Yes No
- Have you determined the significant environmental aspects pertaining to your business?

Yes No
- Have you addressed the resultant impacts through formal procedures for the 'prevention of pollution' by setting objectives and targets and established management programmers in this regard?

Yes No
- Have you identified the relevant sections of the legislation that is applicable to the nature and scope of your business operations?

Yes No
- Are these being complied with?

Yes No

If you have answered **NO** to any of the above questions, briefly explain your current environmental management system

VENDOR APPLICATION FORM



Occupational Health and Safety Management System

If you are a manufacturer, please provide your organisation's Lost Time Incident Frequency Rate (LTIFR) for the last 12 months ?

Indicate the status of your accreditation in respect of the following (mark with X). (If accreditation has been awarded please attach a copy of the certification) :

TYPE OF ACCREDITATION	IN PROCESS	PLANNED DATE OF ACCREDITATION	ISSUING BODY / ORGANISATION	YEAR ACCREDITATION OBTAINED
OHSAS 18001:1999				

If **ACCREDITED**, please provide the following information and then proceed to 2.10 Payment Details

Certification number

Name of the certifying body

If **NOT ACCREDITED**, please answer the following questions:

- Have you developed an OHSAS policy? Please provide copies of system documentation. Yes No
- Has the OHSAS policy been communicated to all employees? Yes No
- Have you identified occupational health and safety hazards resulting from your business operations? Yes No
- Have the risks associated with the hazards been assessed and or evaluated? Yes No
- Are there safe work procedures and or instructions addressing the significant risks? Yes No
- Are your employees aware of the hazards and risks pertaining to the work and or tasks being performed? Yes No
- Are the relevant sections of OHS Act applicable to your business operations complied with? Yes No

If you have answered **NO** to any of the above questions, briefly explain your current OHSAS management system

VENDOR APPLICATION FORM



2.10 **Payment Details**

The Vendor hereby instructs and authorises the Company to pay amounts which may be due to the Vendor by transfer of such amounts to credit the Vendor's bank account and attach at least one of the following as proof:

- **Original cancelled cheque;**
- **Original letter on bank letterhead signed and stamped by the bank confirming that the account number is held in the name of the Vendor;**

Standard Payment Terms for Highveld Steel : 90 DAYS NETT – FROM MONTH END STATEMENT

2.11 **Attachments**

Please attach copies of your company documentation:

	Yes	No	N/A
Company registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registration certificate for Workmen's Compensation Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registration certificate for Unemployment Insurance Fund (UIF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income tax registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VAT registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VAT exemption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ownership transformation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BEE Accreditation Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality, environmental and occupational health and safety system documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We, the undersigned, duly authorised to provide all the details contained in this Vendor Application Form, and to further authorise Evraz Highveld Steel and Vanadium Limited, to at any time and by whatever means necessary obtain a complete Company Profile relating to our business operations which shall without limitation include :

- Names of directors
- Financial details
- Court cases pending
- Movable assets and the like

VENDOR APPLICATION FORM



We also acknowledge that we have taken note of the attachments and declare that all information we supplied is correct and complete and that we will keep you informed should any of this information change in the future.

To be completed and signed by an authorised representative :

Signed at _____ on this _____ day of _____ 2011

Signed on behalf of the Vendor

Full names

In my capacity as

VENDOR APPLICATION FORM



2.12 Web Vendor

Application to become an Evraz Highveld Steel and Vanadium Limited Web Vendor (Compulsory)

Vendor name	
Evraz Highveld vendor number	
Contact person	
Telephone number	
Fax number	
E-mail address (Accounts Dept)	
Accounting software	

Technical requirements – the answer to the following must be yes before you can become a user:

I have or will install Microsoft Internet Explorer 5 or higher version

I have or will install a copy of Adobe Acrobat Reader

The Vendor, duly authorised thereto, hereby applies for registration as a Web Vendor, and undertakes to:

- ⌋ Access the website to view and print purchase orders placed on the Vendor.
- ⌋ Ensure that Vendor invoices processed and submitted to correspond in all material respects with the original purchase order.
- ⌋ Access the website to capture the required information relevant to Vendor invoices issued.
- ⌋ Resolve any queries that arise subsequent to capturing Vendor invoices resulting in rejection on the website.
- ⌋ Access the website to view and print remittance advices for payments made by the Vendor.
- ⌋ Advise of any inability to access the website for an extended period.
- ⌋ The person signing the document must communicate and make their people conversant with the web and what it entails in order to get invoices captured and orders drawn from the web regularly. All persons involved with this process should be trained in the correct procedure in order to ensure timeous payment of invoices.

Signature

--

For Creditors / computer department use only:

User name :	Password:
Signed as given to vendor :	