

## SUPPLIERS APPLICATION FORM

### A. REGISTRATION DETAILS

Company Name	
Registration Number	
Vat Number	
Physical Address	
Contact Telephone Number	
Email(s)	

### B. BUSINESS DETAILS

Name of Directors	a) b) c)
Category	
Area(s) of Specialisation	
Number of Staff	
Key staff - State name and title - Organogram to be attached	a) b) c)
What is your core business?	
Name 3 main products you supply (state brands where applicable)	
Number of year in business	
Do you deliver orders or do your clients collect	
List 3 of your major customers	a) b) c)
Have you supplied the Bank in the past	Yes <input type="checkbox"/> No <input type="checkbox"/> (Tick applicable)
Advise date of last supply:	

C. FINANCIAL DETAILS

(Attach Bank Statement for the last 3 months)

Who are your bankers?	
Briefly state your payment terms	
How do you finance your operations	

D. GENERAL INFORMATION

Briefly explain your major weakness as a company			
Briefly explain your major strength as a company			
Have your company been sued for any reason?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Tick applicable)
If yes, briefly give reason			

DECLARATION OF INTEREST

Are any of the company directors related to any CBZ staff member? Yes ☐ No ☐ (Tick applicable)  
If yes, please state the names of the staff member and the nature of the relationship.

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Non disclosure of relationship will automatically disqualify the application on discovery of such relationship.

Name ..... Designation .....

Signature ..... Date .....

E. DECLARATION OF SHAREHOLDERS AND ULTIMATE BENEFICIARIES

Supplier Selection Committee  
CBZ Holdings Limited  
Sapphire House, Corner Speke and Angwa Street  
P. O. Box 3313, Harare

Date .....

Dear Sir/ Madam

REF: DECLARATION OF SHAREHOLDERS & ULTIMATE BENEFICIARIES OF .....

We advise that ..... is a company duly registered in terms of the laws and regulations of Zimbabwe. The details of the company are as listed below;

1	Registered & Trading Name	
2	Company Registration number	
3	Physical/Registered address	
4	Contact Telephone numbers	
5	Date of Incorporation	

The current Directors of ..... are as listed below:

	FULL NAME	ID NUMBER	EXECUTIVE / NON-EXECUTIVE
1			
2			
3			
4			

The current shareholding structure for ..... is as tabled below;

	FULL NAME	ID NUMBER	% SHAREHOLDING
1			
2			
3			
4			
	TOTAL		100

We also advise that the ultimate beneficiaries of ..... listed above are as listed below;

Full Name	ID Number
1. ....	.....
2. ....	.....
3. ....	.....
4. ....	.....

Certified as a true record of the shareholders and ultimate beneficiaries of

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Name ..... Designation .....

Signature ..... Date .....

**FOR OFFICE USE ONLY**

Company Visit Findings (Supplier visit score sheet to be attached)

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**F. FINANCIAL RECOMMENDATION**

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Signature .....	Signature .....	Date .....
Signature .....	Signature .....	Date .....
Signature .....	Signature .....	Date .....
Signature .....	Signature .....	Date .....

**G. APPROVED / NOT APPROVED**

Additional comments by the approving authority (where necessary)

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Signature .....	Date .....
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