

# SUPPLIER INFORMATION FORM



All personal information contained herein and in the mandatory supporting documentation may be used for the following:

- Supplier vetting and consideration to be an approved provider.
- To facilitate the loading of a provider on our administration system.
- Completion and submission of this form together with mandatory supporting documentation is to be sent to [procurement@cib.co.za](mailto:procurement@cib.co.za) and is done voluntarily.
- Information may be used to make your information available to our policy holders as being an approved provider (when application is successful)

All information submitted is uploaded onto our internal IT system. CIB has taken adequate security measures to ensure the integrity and security of your personal data.

We process the information at our head office in Bedfordview.

**Please ensure all three pages of this document are initialed and the last page is signed and all relevant supporting documents are attached as the form will not be accepted otherwise.**

## Company Information

Type of service (panelbeating, contractor, loss adjusting, cellphone / laptop replacement, appliance repairs etc.) :

List all services offered:

List all service areas and the radius prepared to travel wide of these areas:

Legal entity name (as per CIPC registration):

Trading name (if different to registered name):

Ultimate holding company name (if applicable):

List ultimate holding company (if applicable):

Company registration number (as per CIPC registration) / Trust No. / Sole Proprietor No.: (Please attach CIPC Registration certificate)

Is the company VAT registered? (as per SARS registration)  
(Indicate if not applicable. If YES, please supply VAT Certificate + current VAT clearance) Yes  No

VAT no.:

Does your company have a IRP30 or other Tax Directive: Yes  No

If your company has a Tax Directive, state the directive amount: R

Head office physical address:

Head office postal address:

Code:

Code:

Province: Western Cape  Eastern Cape  Northern Cape  Free State  Kwa Zulu Natal   
Gauteng  North West  Mpumalanga  Limpopo

## Company Information (continued)

### Director's information

(Should the space provided for your directors information not be sufficient, please list all the directors and their ID numbers on a separate page and attach to this form. Please ensure the information is signed / initialled before submitting to CIB)

Director name and surname:	ID number:
Director name and surname:	ID number:
Does any of the directors/members/ sole proprietor have a relationship with a CIB employee/binder broker/employee (If yes, describe the relationship) Yes <input type="checkbox"/> No <input type="checkbox"/>	

### 1. Procurement Contact:

(For all procurement related matters)

Tel No.:	Cell No.:
Fax No.:	Email:

### 2. Account Executive:

(Responsible for CIB's account)

Tel No.:	Cell No.:
Fax No.:	Email:

### 3. Claims contact:

(For Claims Related matters)

Name and surname:	Designation:
Tel No.:	Cell No.:
Fax No.:	Email:

Do you belong to an association or governing body:  
(i.e. NHRBC, MBA, IOPSA, SAMBRA etc.)

Yes  No

If YES, state the organisation or body's name and number and/or status where applicable:  
(Please provide proof / certificate of association with said governing body)

## Company BEE Status

Is the company assessed for BEE? Yes  No

BEE status:  
(Please attach latest BEE certificate)

Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/>	Level 3 <input type="checkbox"/>
Level 4 <input type="checkbox"/>	Level 5 <input type="checkbox"/>	Level 6 <input type="checkbox"/>
Level 7 <input type="checkbox"/>	Level 8 <input type="checkbox"/>	

Company's annual turnover range:  
(Please attach confirmation letter from Bookkeeper/Auditor if less than R10 million)

> R10 million <input type="checkbox"/>	Between <input type="checkbox"/>
< R 35 million <input type="checkbox"/>	R10 million & R35 million

Do the directors/members/sole proprietor and company have a clear credit history? Yes  No

Do the directors/members/sole proprietor and company have any objection to us carrying out a Yes  No

If YES, please provide details:

Has any of the directors/members/sole proprietor of the company ever been a director of a company that has been liquidated/sequestered Yes  No

If YES, please provide details:

Has any of the directors/members /sole proprietor ever been involved in a company that has been placed under business rescue? Yes  No

If YES, please provide details:

Has any of the directors/members /sole proprietor ever been declared insolvent? Yes  No

If YES, please provide details:

**Banking Details** (Proof may not be older than 3 months)

Bank (i.e. FNB, ABSA, Nedbank, etc.):

Branch Name:

Branch Code:

Acc No.:

Type of Account:

**Declaration**

Name and Surname: (of respondent who has authority to furnish this information on behalf of the Business Entity)

ID No of respondent:

Tel No. of respondent:

I hereby voluntary, without undue influence from any party and not under any duress, give my consent and authorise CIB (PTY) LTD [CIB] to collect and process my personal information for purposes as specified above and compliance with the Protection of Personal Information Act, 4 of 2013.

I acknowledge that I am aware that I have the following rights with regard to such personal information which is hereby collected. The right to:

- access information at any reasonable time for purposes of rectification thereof;
- object to the processing of the information in which case CIB will be unable to facilitate insurance cover in accordance with the provisions contained herein;
- lodge a complaint to the Information Regulator

I declare that the information given above is true and correct and, I am authorised to sign on behalf of the Company. Should any of the above information change at any time, in particular any changes to the Company's banking details, credit history, BEE status and VAT number. CIB is to be notified immediately. In addition, in the event of the above information being incorrect and should it cause a delay in receiving money or in the loss of any moneys owing to me, CIB shall not be held responsible for such delay and/or loss.

Name:

Capacity:

Signature:

Date: dd/mm/yyyy

## Mandatory Document Required with SIF

Failure to provide any of the below mentioned documentation could influence the company's assessment to become a service provider.

Supplier Use		Office Use Only
Documents	Provided	Evidence Recieved
ID number and copy of ID document (Sole proprietary)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Company registration certificate – CIPC document	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
VAT registration certificate/ VAT clearance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
TAX directive / IRP 30	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Company profile	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reference letters from current business relationships (Minimum 3)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Copy of current insurance schedule (Business cover) and Cyber cover	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Copy of stamped letter from bank verification of banking details, <b>no older than 3 months.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Most recent BEE certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Qualifications (Where applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Copy of recent self credit check (via Transunion)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
MIBCO letter of good standing certificate (Motor body repairers)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Letters of good standing from current suppliers.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Data Protection and IT Infrastructure Questionnaire

		Office Use Only
Questions	Responses	Evidence Recieved / Assessed
The Service Provider must have in place, maintain and upgrade as necessary any information technology system / infrastructure ("IT system") which is adequate for purposes of performing the Services as required in terms of this agreement. The IT system must include up-to-date / current technology and must enable the Service Provider to provide information instantly upon request by the Company.		Yes <input type="checkbox"/> No <input type="checkbox"/>
The IT system must be capable of keeping Confidential Information safe and have the necessary security safeguards to ensure that there is no unauthorised disclosure of such information.		Yes <input type="checkbox"/> No <input type="checkbox"/>
The Service Provider will store all raw or source electronic data received from the Company using advanced encryption.		Yes <input type="checkbox"/> No <input type="checkbox"/>
The Service Provider must have a commercially reasonable disaster recovery procedure and plan in place for all information recorded in its IT system to ensure that the loss of / damage to the primary system does result in the permanent loss of data or the inability to perform the Services without a major avoidable interruption.		Yes <input type="checkbox"/> No <input type="checkbox"/>
The Service Provider will perform weekly back-ups of all data on its system (insofar as it relates to the Services and information provided by the Company), which data must be retained for a period of 5 (five) years.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature:	Date:	dd/mm/yyyy

## Protection Of Personal Information Act (POPIA) Readiness

		Office Use Only
Area	Evidence Provided	Evidence Recieved / Assessed
Implement information protection policies and procedures with a view to ensure that processing of personal information is in accordance with the provisions and conditions of POPIA.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Identify all reasonably foreseeable internal and external risks to the personal information in its possession or under its control.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Establish and maintain appropriate safeguards against the risks identified in line with generally accepted procedures and practices for information security.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Take reasonable and appropriate, organisational and technical security measures to protect the data supplied by the Client.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature:	Date: dd/mm/yyyy	