



VER-BOLT (PTY) LTD.

Reg. No. 80/08267/07

SPECIALIZE IN INDUSTRIAL FASTENINGS
ESTABLISHED IN 1980

2 De Villiers Avenue, Duncanville, Vereeniging, 1939
P.O. Box 2041, Vereeniging, 1930

Tel: 0861 VERBOLT

0861 8372658

Fax: +27(0) 16 421 1729

e-mail: info@verbolt.co.za

www.verbolt.co.za

Sales / Quotes

Tel: 0861 8372658

Fax: 016 421 1729

sales@verbolt.co.za



Accounts Department

Tel: 0861 8372658

Fax: 016 422 2479

accounts@verbolt.co.za

Appendix I

Ver-Bolt (Pty) Ltd Return Address		
Postal Address	Physical Address	Contact Details
PO.Box 2041 Vereeniging	2De Villiers Ave Duncanville Vereeniging	Tel: 0861 837 2658 Fax: 016 421 1729 E-mail: contracts@verbolt.co.za E-mail: gerald@verbolt.co.za

Ver-Bolt (Pty) Ltd Supplier Application Form

Submission Information:	
Entity Name:	
Completed by:	
Name	Signature
Role in Entity:	Date

General Information

Registered Name of Legal Entity: _____	Notes <u>Registered Business</u> Name & Registration number as registered at the Department of Trade & Industry (DTI). <u>Sole Trader</u> Name of owner on SA ID document. & ID Number.					
Registration Nr of Legal Entity: _____						
Previous Registered Name (If Applicable): _____						
Vat Registration Nr: _____						
Quality Certification Number (ISO, etc.): _____						
Safety system conformance (ISO, NOSA, etc.): _____						
Type of Legal Entity (Please mark below with an X):						
Sole Trader	Partnership	Closed Corporation	(Pty) Ltd Company	Ltd Company	Trust	NGO



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Physical Address:	
Street Name: _____	Street Number: _____
City: _____	Postal Code: _____
Country: _____	Region (e.g. GP, MP, etc.): _____
Postal Address:	
PO Box / Private bag: _____	
City: _____	Postal Code: _____
Salesperson Communication Details:	
Name: _____	E-mail: _____
Tel Nr: _____	Fax Nr: _____
Communication Preference (E-mail or Fax)? _____	General Communication: _____
Orders / RFQ: _____	
Accounting Clerk Communication Details:	
Name: _____	E-mail: _____
Tel Nr: _____	Fax Nr: _____
Emergency Contact Communication Details:	
Name: _____	Fax Nr: _____
24 hr Tel Nr: _____	
Banking and Payment Details:	
Preferred Method of Payment?	
C - Pre- Numbered Cheques <input type="checkbox"/>	
F - FEDI (Electronic) Payments <input type="checkbox"/>	
T - Telegraphic Transfers Foreign <input type="checkbox"/>	
Name of bank account as printed on cheque:	
Name of Bank:	
Branch Code:	
Bank Account Nr:	
Bank Country	



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Products & Services

Please list the core business you are in:

Type of Company	Yes/No	Product description (i.e. Poprivets, Bolts, etc.)
Service industry		
Agent		
Manufacturer		
Imported		
Distributor		
Sole Agent		
Sole Importer		
Sole Manufacturer		
Original Equipment Manufacturer and Supplier		

Does the company add any value to the materials it supplies, if so, please provide details.

Company Background



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Has any of the owners or directors of the company been declared insolvent in the past?

If yes, who, when with what company _____

Supplier Assessment Questionnaire

		Yes/No/N.A
1. Organization		
1.1	Is there a Quality Manual which details the Suppliers Quality Control System.	
1.2	Is there an organisational chart showing the relationship between the Chief Executive and Quality Function?	
1.3	Are the responsibilities of person performing the quality functions described in writing?	
1.4	Do these written statements identify responsibilities for:	
	<ul style="list-style-type: none"> • Identification of quality problems. • Initiation and implementation of Corrective Action. • Ensuring only conforming products are shipped. 	
1.5	Has one individual been appointed with authorization for Quality responsibilities.	
2. Quality Planning		
2.1	<ul style="list-style-type: none"> • Does the Supplier raise Failure Mode & Effects Analysis (F.M.E.A.'s) • Are they reviewed / updated when required (Living Document?) 	
2.2	<ul style="list-style-type: none"> • Does the Supplier raise Quality Control Plans? • Are the Quality Control Plan's approved by the Client? • Are they reviewed / updated when required (Living Documents?) • Are Quality Control Plans related to significant characteristics? • Do the Quality Control Plans specify characteristics which are to be subjected to S.P.C 	
3. Specifications		
3.1	Is there an effective system for ensuring use of latest drawings & specifications	
3.2	Is there a system for controlling obsolete issues?	
4. Inspection & Test Instructions		
4.1	Are written inspection and test instructions available for all stages of manufacturing?	



4.2	Are such instructions complete and up to date?	
4.3	Are relevant instructions available to all personnel performing inspection & test?	
4.4	Are inspection and test instructions implemented as written?	
4.5	Do the inspection instructions specify adequate sampling plans?	
5. Inspection, Measuring & Test Equipment		
5.1	Is appropriate equipment available for assessment of product quality?	
5.2	Is such equipment:	
	<ul style="list-style-type: none"> Properly identified? 	
	<ul style="list-style-type: none"> Regularly checked and calibrated? 	
6. Subcontracted Suppliers		
6.1	Does the Supplier perform "Goods Inwards Inspection"?	
6.2	Are adequate instructions available for inspection?	
6.3	Are there records available that demonstrates the completeness of "Goods Inwards Inspection"?	
6.4	Does the Supplier insist that samples are received and approved prior to accepting production deliveries?	
7. Process Control		
7.1	Does the Supplier provide written setting and operating instruction for manufacturing operations?	
7.2	Are manufacturing operations performed in accordance with these instructions?	
7.3	Does the Supplier monitor / maintain manufacturing equipment / processes?	
7.4	Are there records available for such monitoring / maintenance?	
7.5	Does the supplier train personnel who perform operator sensitive operations:	
7.6	<ul style="list-style-type: none"> Do operators perform any inspection, test operations? 	
	<ul style="list-style-type: none"> Are there written instructions defining these operations? 	
	<ul style="list-style-type: none"> Are there records available for the results of the operations? 	
7.7	Are written procedures available covering rework of defective products?	
7.8	Are reworked products re-inspected prior to further processing or despatch by other on-going control of manufacturing process?	
7.9	<ul style="list-style-type: none"> Does the Supplier utilise control charts or S.P.C for on-going control of the manufacturing process? 	
	<ul style="list-style-type: none"> If the Supplier utilise control charts or S.P.C does the Supplier re-act to out of control conditions. 	
8. Final Inspection & Test		
8.1	Are finished products subjected to final inspection?	



8.2	Are written instructions available describing the inspections process?	
8.3	Are there records available for the final inspections?	
8.4	Are completed products audited when final inspection is part of production?	
8.5	<ul style="list-style-type: none"> Are sampling procedures used for final inspection? Are the sample sizes adequate e.g. based on a statistical plan? 	
9. Control of Non-Conforming Products		
9.1	Are positively identified and segregated areas available for rejected products at:	
	<ul style="list-style-type: none"> Goods Inwards During Processing Final Inspection 	
9.2	Does the Supplier obtain written Client approval prior to shipping non-conforming products?	
	<ul style="list-style-type: none"> Is there a system for controlling authorised deviations? Is there a system for recording authorised deviations? 	
9.3	Are delivery documents endorsed to identify deviating products?	
10. Materials Storage & Handling		
10.0	Are materials & products stored and handled to prevent misuse and damage at:	
	<ul style="list-style-type: none"> Goods Inwards During Manufacture Despatch 	
11. Identification of Inspection & Test Status		
11.1	Are materials and products identified to indicate inspection & test status:	
	<ul style="list-style-type: none"> Before issue for production use During Manufacture In Despatch areas 	
12. Quality Records		
12.1	Does the Supplier have records which demonstrate the effectiveness of the QC operation?	
12.2	Are such records retained for a minimum period of one year or as required per client requirement?	
13. Corrective Action		
13.1	Does the Supplier have documented procedures for dealing with quality faults, complaints and concern?	
13.2	Does the Supplier formally review / analyse relevant information to identify areas requiring corrective action?	
13.3	Does the Supplier have records which demonstrate status of corrective action?	



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13.4	Are the corrective actions procedures applicable to Client returns?	
14. Internal Quality Audits		
14.1	Does the Supplier perform regular system audits to check the effectiveness of laid down procedures i.e. Audit Schedule?	
14.2	Are process audits performed?	
14.3	Are product audits performed?	
14.4	Are there records of such Audits?	
14.5	Is there a documented procedure to correct any deficiencies detected during the audits?	
14.6	Are follow-up audits performed and recorded to verify implementation and effectiveness of the corrective action?	

Black Economic Empowerment (BEE) Status:

<p>Is the Business owned or controlled by HDSA (Yes/No): _____</p> <p>If yes, please indicate the % ownership and management below:</p> <p>_____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Ownership:</td> <td style="width: 50%;">Top Management:</td> </tr> <tr> <td>Black _____ %</td> <td>Black _____ %</td> </tr> <tr> <td>Asian _____ %</td> <td>Asian _____ %</td> </tr> <tr> <td>Coloured _____ %</td> <td>Coloured _____ %</td> </tr> <tr> <td>Disabled _____ %</td> <td>Disabled _____ %</td> </tr> <tr> <td>White Female _____ %</td> <td>White Female _____ %</td> </tr> <tr> <td>White Male _____ %</td> <td>White Male _____ %</td> </tr> </table>	Ownership:	Top Management:	Black _____ %	Black _____ %	Asian _____ %	Asian _____ %	Coloured _____ %	Coloured _____ %	Disabled _____ %	Disabled _____ %	White Female _____ %	White Female _____ %	White Male _____ %	White Male _____ %	<p>Notes</p> <p><u>Definition of HDSA:</u></p> <ol style="list-style-type: none"> 1. Black SA Citizen 2. Coloured SA Citizen 3. Asian SA Citizen 4. White Female SA Citizen 5. Disabled SA Citizen
Ownership:	Top Management:														
Black _____ %	Black _____ %														
Asian _____ %	Asian _____ %														
Coloured _____ %	Coloured _____ %														
Disabled _____ %	Disabled _____ %														
White Female _____ %	White Female _____ %														
White Male _____ %	White Male _____ %														

Please indicate company category that is relevant to your enterprise:

- A: Generic Companies (> R35 million per year)
- B: Qualifying Small Enterprises (QSE) (R5 million to R35 million per year)



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- C1: Specialised Enterprises (Generic)* (>R35 million per year)
- C2: Specialised Enterprises (QSE)* (R5 million to R35 million per year)
- D: Exempted Companies (EME) (< R5 million per year)

Please note that Specialised Enterprise refers to companies that are Government owned. SOE, Section 21, etc.

If your company has already been verified in accordance with the Codes of Good Practice issued in terms of section 9 (1) of the Broad Based Black Economic Empowerment Act, 2003 (Act 53 of 2003) on 9 February 2007, please indicate your rating on the table below. (Kindly provide proof of this – attach copy of certification).

LEVEL	BEE SCORE	BEE RECOGNITION LEVEL
1	>100	135% (e.g. R1.00 + R1.35)
2	85 – 100	125%
3	75 – 85	110%
4	65 – 75	100% (e.g. R1.00 = R1.00)
5	55 – 65	80%
6	45 – 55	60%
7	40 – 45	50%
8	30 – 40	10%
Not Compliant	<30	0% (e.g. R1.00 + R0.00)

Documents of Proof



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SABS
ISO 9001

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The following documents are needed to verify the information supplied in this questionnaire.

Sole Trader

1. Copy of South African Identification Document of the owner, **and**
2. Copy of VAT certificate, **and**
3. Letter with Banking

Closed Corporation (CC)

1. CK1 – Founding Statement for Closed Corporation, **or**
2. CK2 – Amended Founding Statement (if applicable), **and**
3. Copy of VAT certificate, **and**
4. Letter with Banking Details

Private Company (Pty) Ltd.

1. CM1 – Certificate of Incorporation of a company, **and**
2. CM9 – Certificate of Change of Name of company (if applicable), **and**
3. CM29 – Contents of Register of Directors, Auditors and Officers, **and**
4. CM22 – Notice of Registered Office and Postal Address of Company, **and**
5. Copy of VAT certificate, **and**
6. Letter with Banking Details

Public Company Ltd.

1. CM1 – Certificate of Incorporation of a company, **and**
2. CM9 – Certificate of Change of Name of company (if applicable), **and**
3. CM29 – Contents of Register of Directors, Auditors and Officers, **and**
4. CM22 – Notice of Registered Office and Postal Address of Company, **and**
5. Copy of VAT certificate, **and**
6. Letter with Banking Details

Trust.

1. Trust Deed, **and**
2. Document of appointment of trustees, **and**
3. Signed letter from trustees stating the names of the beneficiaries, **and**
4. Copy of VAT certificate, **and**
5. Letter of Authority in terms of section 6 (1) of the Trust Property Control Act 1988, **and**
6. Letter with Banking Details

Section 21 Company.

1. CM3 – Incorporation Certificate, **and**
2. CM4 – Memorandum of Association, **and**
3. CM22 – Notice of Registered Office and Postal Address of Company, **and**
4. CM29 – Contents of Register of Directors, Auditors and Officers
5. Copy of VAT certificate (if applicable), **and**
6. A signed Declaration of BBBEE status, signed by the Directors, **and**
7. Letter with Banking Details

Additional documentation required

- Certificate from SARS confirming tax status
- Letter of good standing with Workman's Compensation Commissioner

Note: Without these documents, this questionnaire will not be considered as complete and the application shall not be processed.



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Declaration

I/We hereby declare that:

- The signatory is duly authorised to sign this application document;
- The information provided is true and correct;

Name: _____

Designation: _____

Signed: _____

Date: _____