EDGARS STORES LIMITED
SUPPLIER APPLICATION

PART 1 – MOTIVATION AND AUTHORISATION-(Internal use only)

Please take note of the steps that the Supplier Registration Process adheres to as outlined in this overview. This pack has been designed to create a standardized procedure across Edgars for the approval of new suppliers / agents. For Edgars to achieve its mission to deliver exceptional choice, value and service it will look for ways to enhance efficiency in the supply chain. The application process is initiated by completion of the Supplier Application Pack and all supporting documents being provided.

Contents of the Supplier / Agent Evaluation Pack

The Supplier / Agent Evaluation Pack consists of the following documents.

- New Supplier Motivation & Authorisation Form
- Supplier Application Form

1. **New Supplier Motivation and Authorisation Form**
   Before the process of supplier registration is initiated, the Head of Department who wishes to place an order with a supplier is required to briefly substantiate the need for such supplier by completing the attached form which must be signed off by their line director. The line director will only sign once the completed pack is returned by the supplier as they are signing acceptance of both approval of adding a new supplier as well as the payment terms both parties have agreed to.

2. **Process of Registration and ongoing evaluation**
   The following steps are followed when registering a new supplier:

	PROCESS STEPS: REGISTRATION
1.	The Head of department provides motivation for requiring a new supplier by completing the 'Motivation' section of the 'New Supplier Motivation and Authorisation Form'.
2.	The Head of department sends the full supplier Application pack to the supplier.
3.	Supplier completes the pack in FULL and returns this pack to the Head of department who initiated the business dealing. The pack must be completed by a senior company representative.
4.	Once the fully completed supplier application pack has been received by the appropriate Head of department, the Head of department needs to obtain line director sign off. The Head of department will verify that the supplier is not already an existing supplier appearing on database.
5.	The Line Director will then pass the application to the Finance Director who will check that the pack is complete.
6.	Accounts will then load the supplier into system and then file.
7.	Accounts will then advise the supplier of their supplier number.
8.	The new supplier registration process steps numbered 1 to 7 above, need to be followed in sequence so as to ensure compliance in each area of responsibility.

1.1 SUPPLIER INFORMATION

				REF	
PREPARED BY				**DATE**	
REQUESTED BY				**DIVISION**	
SUPPLIER NAME					
CONTACT PERSON		CONTACT NO.		EMAIL	
DEPARTMENT					

PRODUCT CATEGORIES – PLEASE INDICATE PRODUCTS/SERVICES THE SUPPLIER CAN PROVIDE				**REMARKS**
MOTIVATION BY HEAD OF DEPARTMENT FOR ADDING SUPPLIER				

1.2 AGENTS INFORMATION

Agents Name:		
Agent's Office Location		
Agents Contact	Tel :	Email:
Agents Contact Person		

1.3 MOTIVATION APPROVAL

INITIATOR: NAME		**SIGNATURE**		**DATE**	
HEAD OF DEPARTMENT		**SIGNATURE**		**DATE**	
GENERAL COMMENTS					

I certify that the above listed company is a legitimate business organization and recommend Edgars Stores Ltd establish an ongoing business relationship. I certify that I have no personal ownership or connection to this company and that I have no immediate family members with personal ownership or connection to this company.

Compiled by **Line Director**

EDGARS STORES LIMITED
SUPPLIER APPLICATION

PART 2 - MERCHANDISE SUPPLIERS APPLICATION PACK OVERVIEW (External use only)

Introduction

Thank you for your interest in becoming an Edgars Stores Ltd Supplier. Edgars recognizes the importance of its suppliers and the value of developing these relationships to help achieve its mission to deliver exceptional choice, value and service.

We require all sections of the pack to be fully completed by the supplier, in the instance where any written changes are made to these documents, they will only be deemed valid if endorsed by the Edgars Finance Director.

Supplier Application Form
All suppliers are required to complete the application pack in full. The completed original supplier application pack must be handed to or mailed for the attention of:

Administration Manager
Life Towers 15th Floor
77 Corner Sam Nujoma & Speke Ave
Harare
Zimbabwe

Registered Suppliers
Suppliers who have not had orders placed with them by the Edgars Stores for a continuous period of 24 months will be suspended. Should the supplier and Edgars Stores wish to resume business, we would then require that the supplier re- apply using the same methodology and documents as contained in this pack. This is to ensure that the supplier data is current on our database and that the suppliers are fully aware of any changes which may have come about pertaining to conducting business with Edgars Stores Ltd.

Documents to accompany your application
- Company Profile
- Certificate of Incorporation
- CR 14
- Tax Clearance IT 263 (Current)
- VAT Registration Certificate

Failure to provide these documents will result in your application being delayed / declined

EDGARS STORES LIMITED
SUPPLIER APPLICATION

SUPPLIER DETAILS

2.1 SUPPLIER INFORMATION

				REF	
PREPARED BY				**DATE**	
REQUESTED BY					
SUPPLIER NAME – LEGAL ENTITY					
SUPPLIER NAME – TRADING AS					
SUPPLIER COMPANY REGISTRATION NUMBER Please note: We require a copy of the Company's Certificate of Incorporation to accompany the Supplier Application.					
VAT REGISTRATION NUMBER if applicable					
Physical Address					
Postal Address					
Years in operation/ date established					
COUNTRY					
TELEPHONE		**FAX**		**EMAIL**	
WEBSITE IF APPLICABLE					
PREVIOUS YEAR TURNOVER					
DOES THE SUPPLIER HOLD ANY BRAND LICENCES? **PLEASE ELABORATE**			**YES**		**NO**

2.2 SUPPLIER CONTACT DETAILS

POSITION/ TITLE	NAME	CONTACT NUMBER	EMAIL ADDRESS
CEO / MANAGING DIRECTOR			
SALES/ MANAGER			
FINANCIAL DIRECTOR			
ACCOUNTS CONTRACT			
PERSON RESPONSIBLE FOR SUPPLY CHAIN/ LOGISTICS			
PRODUCTION CONTROL (MANAGER)			
PERSON RESPONSIBLE FOR QUALITY			

CONTACT PERSON MANAGING THE EDGARS STORES LTD ACCOUNT

POSITION / TITLE	NAME	CONTACT NUMBER	EMAIL ADDRESS

EMAIL ADDRESS TO RECEIVE EDGARS STORES LTD PURCHASE ORDERS:

2.3 PRODUCTS SUPPLIED / MANUFACTURED

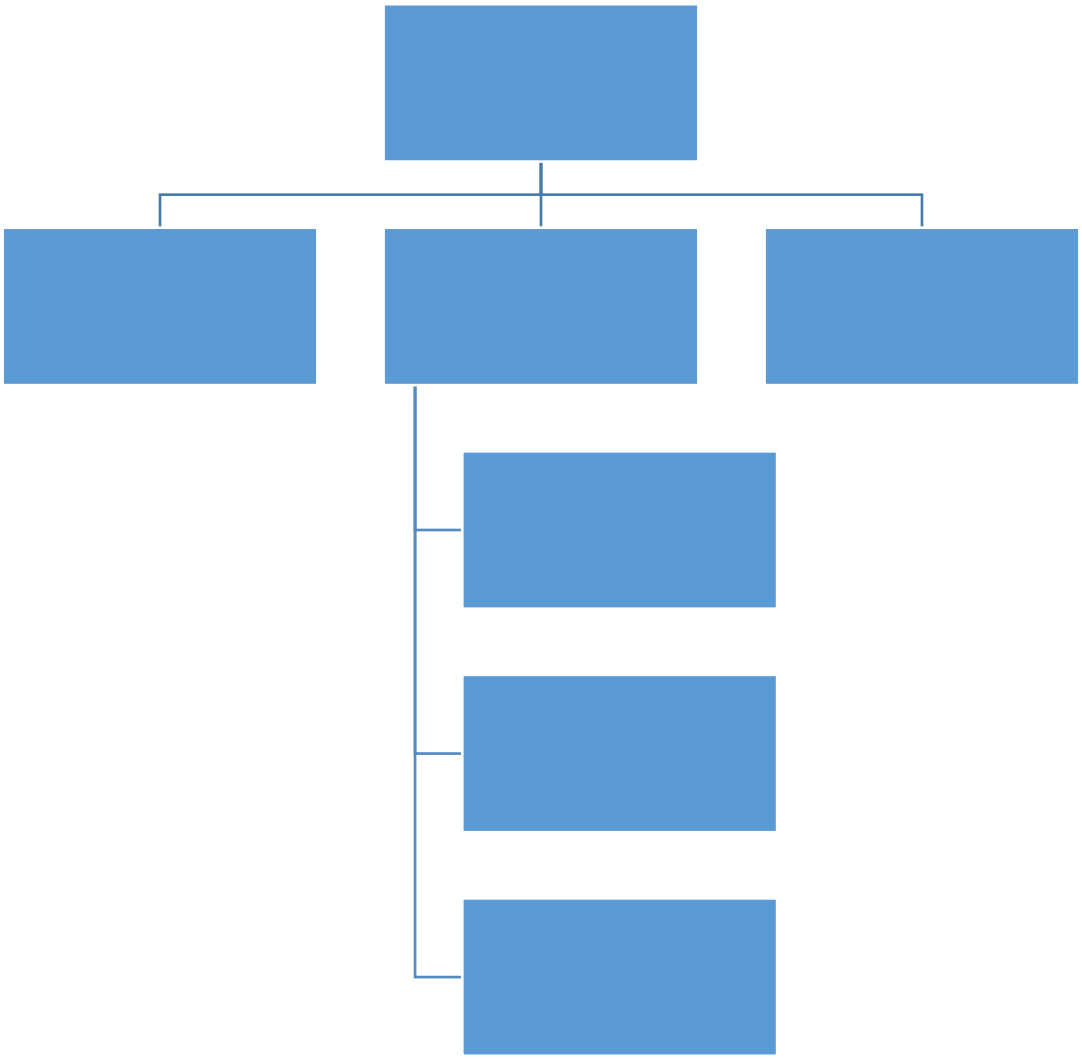
PRODUCT	CAPACITY	LEAD TIME	
	MINIMUM QUANTITY / ORDER		

2.4 CAPACITY ASSESSMENT (FACTORY EQUIPMENT BREAKDOWN)

GENERAL MACHINE TYPE (eg Lockstitch, safety etc)	**QUANTITY**

SPECIALISED MACHINE TYPE (eg embroidery, printing etc)	**QUANTITY**

2.5 ORGANISATION STRUCTURE – MANAGEMENT
(Please type / write information inside this chart directly)



2.6 DETAILS OF SHAREHOLDERS /OWNERS

	Full Name	% Holding/ Ownership
1		
2		
3		

2.7 DETAILS OF SUBSIDIARIES AND ASSOCIATES

Full name	% Holding	Nature of business

2.8 DETAILS OF PARENT COMPANY

Full Name	Nature of business

2.9 PAYMENT INFORMATION

TERMS OF PAYMENT (SELECT ONE OPTION):

1. **30 days after statement date**
2. **45 days after delivery date**
3. **60 days after statement date**
4. **90 days after statement date**

NAME		**SIGNATURE**	

BANKING DETAILS:

Please note that you can provide more than one set of banking information, if required (i.e where your company uses different bank accounts to cater for different currencies. Where possible, please attach cancelled cheque/s for verification

BANKING INSTITUTION 1			
BANK NAME			
BANK ADDRESS			
NAME IN WHICH ACCOUNT IS HELD			
BANK ACCOUNT NUMBER			
BANK SWIFT CODE			
CURRENCY	**US DOLLARS (USD)**		
NAME		**SIGNATURE**	
BANKING INSTITUTE 2			
BANK NAME			
BANK ADDRESS			
NAME IN WHICH ACCOUNT IS HELD			
BANK ACCOUNT NUMBER			
BANK SWIFT CODE			
BANK SOFT CODE			
CURRENCY			
NAME		**SIGNATURE**	

3. DETAILS OF TRADE REFERENCES

	Trade reference	Contact person at trade reference and Position	Physical address and contact number	Trade reference checked by:
1				
	Comments			
2				
	Comments			
3				
	Comments			

Application approved by: **……..**

Edgars Stores Limited Group Finance Director

Application approval date: **……**