

EDGARS STORES LIMITED

SUPPLIER APPLICATION

PART 2 –NON- 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

Edgars Stores Limited

ZB Life Towers

15th Floor- 77 Jason Moyo Ave|Sam Nujoma St & 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 6
- 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

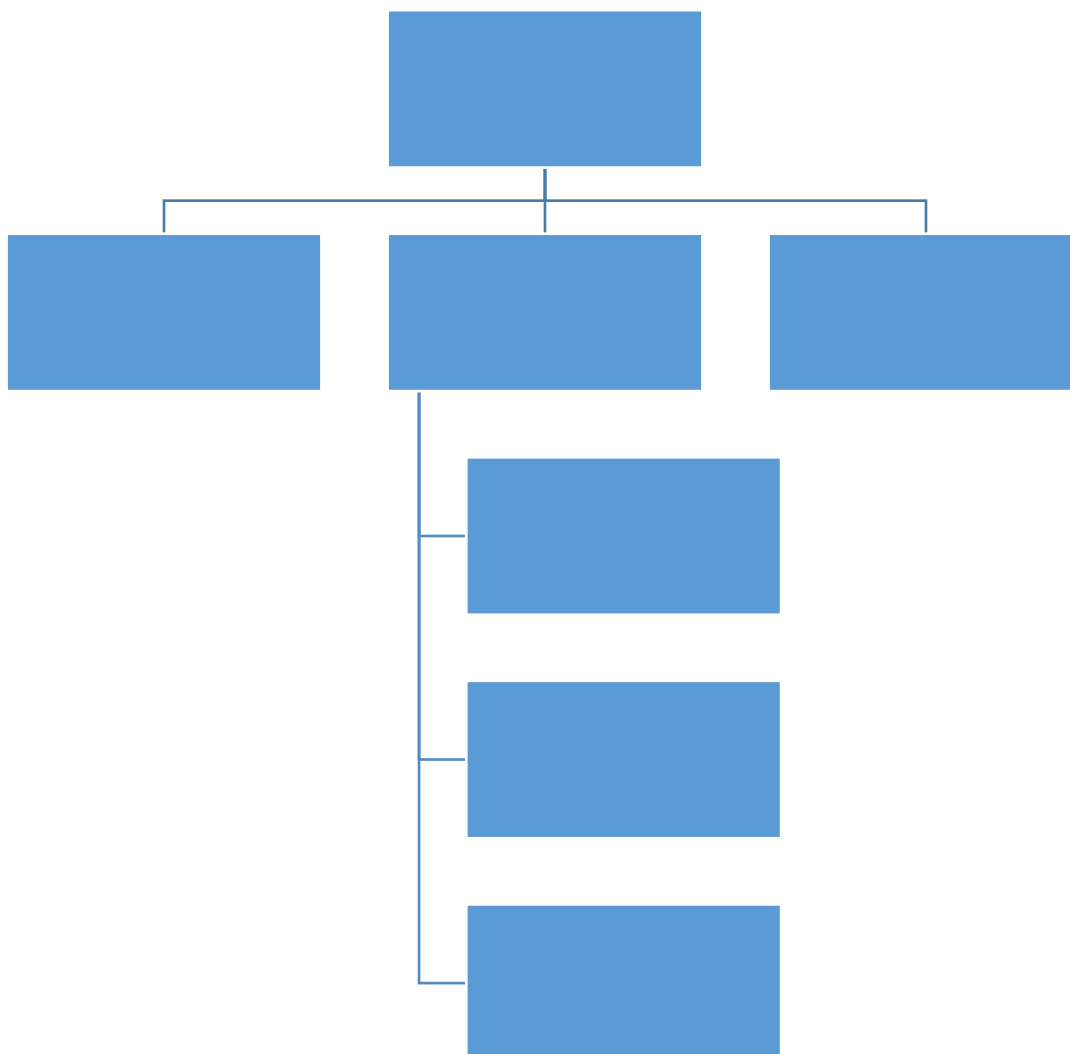
EMAIL ADDRESS TO RECEIVE EDGARS STORES LTD PURCHASE ORDERS:

2.3 PRODUCTS SUPPLIED / MANUFACTURED

PRODUCT	CAPACITY	LEAD TIME	
	MINIMUM QUANTITY / ORDER		

2.4 ORGANISATION STRUCTURE – MANAGEMENT

(Please type / write information inside this chart directly)



2.5 DETAILS OF SHAREHOLDERS /OWNERS

	Full Name	% Holding/ Ownership
1		
2		
3		

2.8 DETAILS OF SUBSIDIARIES AND ASSOCIATES

Full name	% Holding	Nature of business

2.9 DETAILS OF PARENT COMPANY

Full Name	Nature of business

2.6 PAYMENT INFORMATION

TERMS OF PAYMENT (SELECT ONE OPTION): 1. 30 days after statement date 2. 60 days after statement date 3. 90 days after statement date 4. 120 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	

2.7 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 CFO

Application approval date: