



## BUYER PRE- QUALIFICATION QUESTIONNAIRE

PART A - GENERAL INFORMATION	
Company Name	
Trading as	
Company Registration Number	
VAT Number	
CIDB Registration	
License Type	
Physical Address	
Registration No	
Category / Level	
Registered Address	
Postal Address	
Landline Number	
Fax Number	
Email Address	
Contact Person/s Name	
Capacity	
Bankers	
Branch Number	
Contact Person	
Contact Details	
Range of products bought	
Annual Turnover	
Track Record - Please attach schedule of previous works completed.	
Additional Remarks	
PART B - QUALITY	
General Quality Requirements:	
Is there a Quality Manual for the company	
Is there a formal Quality Management System in place	
Are there documented procedures for various activities	
Is there a procedure in place to control Non-conforming products	



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<b>PART B - QUALITY (continued)</b>	
What tests/inspections are typically carried out:	
Has your company obtained any system or product certification? (i.e. ISO 9001 or SABS Mark)	
If yes, please give details and attach a copy of the certificate/s	
<b>CONTACT PERSON</b>	
Name of contact person - buyer, site agent, Director etc)	
Contact Details	

**PLEASE NOTE THE FOLLOWING:**

This document will be treated as confidential. To be completed and returned within five (5) working days.

- 1) The following questions should be completed in full so that Zion Precious Metals (Pty) Ltd can conduct a comprehensive evaluation of the company.
- 2) All supporting documentation must be provided as requested.
- 3) Zion Precious Metals (Pty) Ltd reserves the right to request any additional information that would be deemed necessary to verify any answers provided by a company.
- 4) Misrepresentation of company status with respect to answers provided in this submission will result in disqualification from the evaluation process or cancellation of contracts as deemed appropriate.
- 5) Zion Precious Metals (Pty) Ltd will deem persons completing this questionnaire as individuals authorised to do so.

**APPLICANT**

First Name:			
Surname:			
Signature		Date:	D D / M M / Y Y Y Y