



# SINO-ZIMBABWE CEMENT COMPANY (PVT) LTD

## Supplier Registration: Request for Information Form: RFI/06/17: QMSP SUPF 01-1

**Guidelines:**

1. Applicants must complete all areas where applicable.
2. Applicants must attach certified copies of all supporting documents stated as required in this form.
3. All returns of this form must be signed by an authorized signatory of this applicant company and must state the capacity in which they are employed by the company.
4. Any alterations made by the Supplier on information submitted on this document must be signed for by the Supplier's authorized representative
5. Sino-Zimbabwe Cement Company will not take responsibility for any loss or damage or any form of mishap arising from wrong information supplied by the applicant on this form.
6. This forms must be completed in full and submitted to the address below:

**The Supplies Manager  
Sino-Zimbabwe Cement Company  
P O Box 2038  
Indiva Siding  
Gweru**

	<i>Please tick in box:</i>	Y	N	N/A
Company Profile- include copy				
Trade References- attach list				
Certificate of Incorporation- attach certified copy				
V.A.T Registration Certificate- attach certified copy				
Tax Clearance Certificate (ITF 263)- attach certified copy				
CR14- attach certified copy				
CR6- attach certified copy				

**1. COMPANY REGISTRATION DOCUMENTS**

NB. DOCUMENTARY PROOF MUST BE PROVIDED WHERE APPLICABLE *(Please mark N/A if not applicable.)*

**1.1 COMPANY TYPE (NB Documentary Proof of registration must be provided)**

<b>PUBLIC COMPANY LTD</b>	
<b>PRIVATE COMPANY (PVT) LTD</b>	
<b>CO-OPERATIVE</b>	
<b>SOLE TRADER</b>	
<b>PARTNERSHIP</b>	
<b>OTHER</b>	



**3. Branch Network**

<b>Y</b>	<b>N</b>

Do you have any other branches

If yes, kindly complete 3.3 below, you can use additional paper and attach

<b>Name / Area</b>																															
<b>Physical Address</b>																															
<b>City</b>																															
<b>Telephone</b>																<b>Cell</b>															

**4. CORE BUSINESS OPERATION**

Please indicate if the following describes your core business operation

<b>Core Business</b>	<b>Category- Key area of supply</b>	<b>Mark with 'X'</b>
Original Manufacturer (OEM)		
Retail		
Agent		
Any other		

Other specify \_\_\_\_\_

**5. FINANCIAL DETAILS (BANKING)**

<b>Banking institution name</b>																														
<b>Town / City</b>																														
<b>Banking account number</b>																														
<b>Account Type</b>																														
<b>Account name</b>																														
<b>Branch</b>																														
<b>Branch Code</b>																														

<b>Banking institution name</b>																														
<b>Town / City</b>																														
<b>Banking account number</b>																														
<b>Account Type</b>																														
<b>Account name</b>																														
<b>Branch</b>																														
<b>Branch Code</b>																														
<b>Banking institution name</b>																														
<b>Town / City</b>																														
<b>Banking account number</b>																														
<b>Account Type</b>																														
<b>Account name</b>																														
<b>Branch</b>																														
<b>Branch Code</b>																														

6. Business partnership network

7. Do you have your own trucks to deliver goods to SZCC?

If yes, indicate the fleet size \_\_\_\_\_

\_\_\_\_\_

8. Are you owning or renting the premises from which you are conducting your business?

\_\_\_\_\_

9. What is your staff compliment: \_\_\_\_\_

10. What is your average annual turnover: \_\_\_\_\_

11. Payment Terms: Tick the appropriate box

TERMS	Mark with a tick
7 Days	
14 Days	
21 Days	
30 Days	
Over 30 days	
COD	
Prepayment	

12. Price Escalation Clause: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. What is your company policy with regards to after hours and weekend deliveries?

\_\_\_\_\_

\_\_\_\_\_

14. Do your vehicles have a tracking device: \_\_\_\_\_

15. Any other information that you feel its disclosure will add value to your relationship with SZCC

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I/WE, THE UNDERSIGNED, WHO WARRANTS THAT HE/SHE IS DULY AUTHORISED TO DO SO ON BEHALF OF THE SUPPLIER, CERTIFY THAT THE INFORMATION SUPPLIED IN THIS DOCUMENT, INCLUDING THE SUPPORTING DOCUMENTATION, IS CORRECT AND ACCURATE AND ACKNOWLEDGES THAT: -**

*The supplier will be required to furnish **more** documentary proof if requested to do so.*

SIGNED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20...

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
IN HIS /HER CAPACITY AS

\_\_\_\_\_  
(PRINT NAME)

ON BEHALF OF THE (SUPPLIER'S NAME) \_\_\_\_\_

**NB - Your Tax Clearance Certificate is only valid for a twelve (12) month period from the date of issue. You will be required to submit an updated certified copy of the original, on or before expiry of the current Tax Clearance Certificate, to maintain your verified status on the SZCC Supplier Database and thereby ensuring your eligibility to conduct business with SZCC. Failure to do so will result in immediate suspension on the database, to be uplifted only when a new certificate is submitted.**