

Application form

Enterprise and Supplier Development (ESD)

Area of operation

Municipality:

Traditional council:

Company information

Company name:

Company type:

☐ Closed corporation
☐ Sole proprietor

☐ Pty Ltd
☐ Co-op

☐ Partnership
☐ Joint venture

☐ Trust
☐ CPA

☐ Other

(Specify other.)

Registration number:
(If applicable.)

Owner(s)/Member(s) of company

	First and last name	Identity number
<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder	<input type="checkbox"/> Member <input type="checkbox"/> Trustee	
<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder	<input type="checkbox"/> Member <input type="checkbox"/> Trustee	
<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder	<input type="checkbox"/> Member <input type="checkbox"/> Trustee	
<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder	<input type="checkbox"/> Member <input type="checkbox"/> Trustee	
<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder	<input type="checkbox"/> Member <input type="checkbox"/> Trustee	
<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder	<input type="checkbox"/> Member <input type="checkbox"/> Trustee	

Contact details

Physical address:

Postal address:

Tel:

Mobile:

Email:

Head office	Branch	Branch

Goods/Services to be offered

Primary (Maximum of three (3) choices allowed.)		Secondary (Maximum of five (5) choices allowed.)	
<input type="checkbox"/> Building maintenance	<input type="checkbox"/> Health and safety	<input type="checkbox"/> Building maintenance	<input type="checkbox"/> Health and safety
<input type="checkbox"/> Carpentry	<input type="checkbox"/> HP Jetting	<input type="checkbox"/> Carpentry	<input type="checkbox"/> HP Jetting
<input type="checkbox"/> Catering	<input type="checkbox"/> Long haul	<input type="checkbox"/> Catering	<input type="checkbox"/> Long haul
<input type="checkbox"/> Civil works	<input type="checkbox"/> Office cleaning	<input type="checkbox"/> Civil works	<input type="checkbox"/> Office cleaning
<input type="checkbox"/> Electrical	<input type="checkbox"/> Plant cleaning	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plant cleaning
<input type="checkbox"/> Engineering works	<input type="checkbox"/> Road maintenance and repair	<input type="checkbox"/> Engineering works	<input type="checkbox"/> Road maintenance and repair
<input type="checkbox"/> Environmental management	<input type="checkbox"/> Scaffolding	<input type="checkbox"/> Environmental management	<input type="checkbox"/> Scaffolding
<input type="checkbox"/> Events management	<input type="checkbox"/> Security services	<input type="checkbox"/> Events management	<input type="checkbox"/> Security services
<input type="checkbox"/> Fabrication	<input type="checkbox"/> Short haul	<input type="checkbox"/> Fabrication	<input type="checkbox"/> Short haul
<input type="checkbox"/> Fencing	<input type="checkbox"/> Silviculture	<input type="checkbox"/> Fencing	<input type="checkbox"/> Silviculture
<input type="checkbox"/> Gardening	<input type="checkbox"/> Timber supply	<input type="checkbox"/> Gardening	<input type="checkbox"/> Timber supply
<input type="checkbox"/> General building	<input type="checkbox"/> Transport services	<input type="checkbox"/> General building	<input type="checkbox"/> Transport services
<input type="checkbox"/> General supply	<input type="checkbox"/> Waste paper supply	<input type="checkbox"/> General supply	<input type="checkbox"/> Waste paper supply
<input type="checkbox"/> Harvesting	<input type="checkbox"/> Waste removal and disposal	<input type="checkbox"/> Harvesting	<input type="checkbox"/> Waste removal and disposal
<input type="checkbox"/> Other	(Specify other.)	<input type="checkbox"/> Other	(Specify other.)

References

Reference one

Company name:

Tel:

Alternative tel:

Description:

Date:

Location:

Rand value:

Goods/Services provided		
dd Month CCYY	Was your company a:	<input type="radio"/> Primary contractor <input type="radio"/> Sub-contractor
	Was this a:	<input type="radio"/> Once-off order <input type="radio"/> Contract

Reference two

Company name:

Tel:

Alternative tel:

Description:

Date:

Location:

Rand value:

Goods/Services provided		
dd Month CCYY	Was your company a:	<input type="radio"/> Primary contractor <input type="radio"/> Sub-contractor
	Was this a:	<input type="radio"/> Once-off order <input type="radio"/> Contract

Reference three

Company name:

Tel:

Alternative tel:

Goods/Services provided

Description:

Date:

dd Month CCYY

Was your company a:

- ☐ Primary contractor
☐ Sub-contractor

Location:

Was this a:

- ☐ Once-off order
☐ Contract

Compliance

Company registration:

- ☐ Yes
☐ No

BBBEE status certificate/affidavit:

- ☐ Yes
☐ No

Company profile:

- ☐ Yes
☐ No

ID documents of owner(s)/member(s):

- ☐ Yes
☐ No

Tax clearance PIN:

- ☐ Yes
☐ No

Certificate(s) of completion

- ☐ Yes
☐ No

or reference letter(s):

Regulatory certificates:

(eg CIBD, COIDA, etc.)

- ☐ Yes
☐ No

Signed [POPIA ESD Beneficiary Undertaking](#):

- ☐ Yes
☐ No

Signed and/or certified documentation must be scanned and emailed to ESD-Applications@sappi.com using your company name as email subject.

Consent and declaration

I hereby give consent to, and declare the following:

<input type="checkbox"/>	I understand and agree that a Sappi representative will contact the reference(s) identified above for feedback about the goods/services provided.
<input type="checkbox"/>	I agree that Sappi may share the information provided in this application with all stakeholders, such as the relevant local/integrated community forums, etc.
<input type="checkbox"/>	I have read, understood and will comply with the requirements of the Sappi Code of Ethics and Sappi Group Supplier Code of Conduct .
<input type="checkbox"/>	I will abide by Sappi's discretion to process my personal information as per the Protection of Personal Information Act No 4 of 2013 (POPIA) read together with Section 18 of the POPI Act.
<input type="checkbox"/>	I agree that Sappi conduct a credit review of myself or my business, if required.
<input type="checkbox"/>	I have never been insolvent nor have I been associated with any business failure.
<input type="checkbox"/>	These consent and declaration statements are all completely true and correct, and I will notify Sappi immediately in writing of any change of details pertaining to this application.

First and last name:

Place:

Identity number:

Date:

dd Month CCYY