

SUPPLIER, MANAGEMENT SYSTEM AND PRODUCT INFORMATION

**NOTE: This document is for information purposes only.
The supplier must obtain the latest authorised electronic version from Eskom.**

IMPORTANT NOTES:

- This schedule may only be completed by the organisation which was invited by Eskom to submit information, a proposal or a tender.
- All parts of this annexure have to be completed, with due regard to the applicable parts and fields.
- All sections are regarded as mandatory, except where the section heading/title is prefixed thus ^.
- In the context of this schedule, the terms “Supplier” and “Company” are used interchangeably, and shall be interpreted as referring to the “Tenderer” itself.
- Absolutely no existing text contained in any part/section of this schedule may be altered, deleted or otherwise defaced. Failure to accede to this condition will render the tender automatically disqualified.

This document comprises the following parts:

- Part A – Supplier Information
- Part B – Product Information
- Part C – Quality Management System Information
- Part D – Capability & Infrastructure
- Part E – Supplier’s Additional Notes (Optional)

PART A – SUPPLIER INFORMATION

1. (General Supplier Details)

1. (General Supplier Details)	
Registered name of Company :	
Company’s Trading Name :	
Business Registration No :	
Primary Company Type : (Manufacturer / Agent / Distributor)	
Principal’s Name : (If a Subsidiary company)	

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Licensor's Name: (If manufacturing under licence)	
Formal business association held with: (If an Agent / Distributor)	
Assigned Eskom Supplier Number: (Also indicate which "Division" registered with)	
Applicable Eskom Enquiry / Invitation No:	

(Details of Supplier's officials in overall charge of)			
	(Title)	(Full Initials & Surname)	(Position/ Designation)
Company Policy (most senior):			
Marketing / Sales:			
Design / Development:			
Production:			
Quality Assurance:			
Other:			

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2. (Supplier's Address Details)			
(Supplier's Physical Address – Head Office)			
Street Name:		Street No:	
Suburb Name:		City / Town:	
Province:		Country:	
(Supplier's Postal Address – Head Office)			
P.O. Box No:		Postal Area Name:	
or			
Private Bag No:		Postal Code:	
(Supplier's Contact Details – Head Office)			
Telephone No: (Main Switchboard)		International + Area Dialling Codes:	
Facsimile No:			
Company e-mail address :		Company Internet Web Address (URL) :	

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3. (Supplier's Own Additional Geographically Dispersed Production Facilities / Operations)

(Supply details concerning every such related facility where multiple, but only if relevant to the items offered)

Street Name:		Street No:	
Suburb:		City / Town:	
Province:		Country:	
Telephone No: (Main Switchboard)		International & Area Dialling Codes:	
Facsimile No:		e-mail address:	

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(Copy & paste the above section table, where additional facilities/operations, as required)

4. (Supplier's Mode of Supply Details)	
(The following information specifically relates to the supply of products offered, per Part B table 1)	
Items offered, will be supplied by the supplier, acting in the capacity as follows:	Record relevant item nos. as applicable (Refer Table 1), or mark N/A ↓
Principal Manufacturer:	
Subsidiary Manufacturer:	
Licensed Manufacturer:	
Agent:	
Distributor:	

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5. (Supplier's Scope of Responsibilities Details)		
Areas of <u>Own</u> Responsibility	(Y=Yes / N=No) ↓	Record relevant item nos. (refer Table 1) ↓
Design :		
Manufacture :		
Assembly :		
Routine Insp. & Testing of Final Product :		
Final Testing and Cert. of Final Product :		
Supply of Product :		
Delivery :		

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6. (Sub-supplier/ sub-contractor Details)

(The following information relates to the supply of finished products not being the Supplier's own, i.e. where production is undertaken by a sub-supplier/ sub-contractor to the supplier, incl. "Principals".)

(Sub-supplier's Details)

(Origin of Manufacture)	Manufacturer's Name:	
	Country & Town:	
	Factory Location / Physical Address:	
	Applicable Item Nos.:	

(Sub-supplier's Scope of Responsibilities)

Areas of Sub-supplier's Responsibility	(Y=Yes / N=No) ↓	Record applicable item nos. (refer Table 1) ↓
Design:		
Manufacture:		
Assembly:		
Routine Insp. & Testing of Final Product:		
Final Testing and Cert. of Final Product:		

(Complete section 5 above relevant to one Sub-supplier's only. Copy & paste the section table for additional Sub-supplier's, as required.)

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PART B – PRODUCT INFORMATION

Table 1

IMPORTANT NOTE:

Only those products / items, for which an offer is being made, should be listed in the table below. When completing the said table, kindly ensure that the selected / chosen items are recorded with exact reference to the relevant item numbers, etc. as contained in the invitation price schedules. Take particular care NOT to effect any re-numbering of any items whatsoever. The first four fields of every row must be completed in full. Furthermore, at least one field thus designated“*”, shall be completed as applicable. Fields designated with “>” only need completion if the Supplier is not the Manufacturer

Item No #	Eskom's SAP Material #	Eskom's Item Description	Size / Rating	*Supplier's Type Designation	*Supplier's Part No	*Supplier's Cat No	>Manufacture's Name	>Manufacture's Product Code

(Insert extra lines as required)

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PART C – QUALITY MANAGEMENT SYSTEM INFORMATION

IMPORTANT NOTES:

- This annexure is to be completed by the organisation invited by Eskom to submit a tender.
- Kindly note that a reply to every question / statement signified by “(Please Select)” in the Supplier’s Response” column, including the “Respondent’s Details” and Supplier names, is mandatory.
- Please complete the appropriate answer, namely “YES”, “NO” or “N/A”. Other responses where relevant.
- A non-response to any of the mandatory fields described above, will constitute sufficient grounds for the summary disqualification of the applicant.

NO	CRITERIA	SUPPLIER’S RESPONSE
<p>1.</p> <p>1.1</p> <p>1.2</p> <p>1.3</p>	<p>SYSTEM DOCUMENTATION Our Quality Management System (QMS):</p> <p>-Has been fully documented? (If YES, provide a copy of your QMS Manual.)</p> <p>-Has only been partially documented? If Yes for 1.2, state extent of completion in % of your QMS documentation for the following:</p> <ul style="list-style-type: none"> • Policy Manual/s • Process Documentation • Work Instructions. <p>-Has the nuclear QA requirements been fully integrated into the quality management system? IF No for 1.3, state the extent of integration in % of your nuclear QMS documentation.</p>	<p>(Please Select)</p> <p>(Please Select)</p> <p>(Please Select)</p>

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2.	<p>MANAGEMENT SYSTEM SCOPE OF APPLICABILITY</p> <p>Our QMS documentation currently:</p>	
2.1	<p>-Fully extends to include all the necessary controls, applicable to the product(s) applying for, with due regard to our scope of supply responsibility, as indicated in Part A section 4 and Part B Table 1 above.</p>	(Please Select)
2.2	<p>- Do not yet fully provide for the inclusion of the product(s) covered by this application.</p> <p>If Yes for 2.2, state the extent of the system documentation's shortcomings in respect process, procedures and work instructions etc.</p>	(Please Select)
3.	<p>SYSTEM CONFORMITY</p>	
3.1	<p>Our QMS fully complies with the requirements of an International standard:</p>	
	<p><i>Quality Management System Standards</i></p>	
3.1.1	<ul style="list-style-type: none"> • ISO 9001:2015 	(Please Select)
3.1.2	<ul style="list-style-type: none"> • ASME Section III Sub-Section NCA-4000 	(Please Select)
3.1.3	<ul style="list-style-type: none"> • ASME Section III Sub-Section NCA-3800 	(Please Select)
3.1.4	<ul style="list-style-type: none"> • ASME NQA-1 	(Please Select)
3.1.5	<ul style="list-style-type: none"> • IAEA GS-R-3 	(Please Select)
3.2	<p><i>Other Standards</i></p>	
	<p>If Yes for 3.2, provide details of the relevant standards, i.e.</p> <p>-Title</p> <p>-Reference</p> <p>-Standards organization's name</p>	(Please Select)

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4.	SYSTEM IMPLEMENTATION Our QMS currently is:	
4.1	Fully implemented If yes for 4.1 state, the time period for which your QMS has been in full operation. Also, provide a copy of your current QMS internal, external and supplier audit schedule.	(Please Select)
4.2	Partially implemented IF Yes for 4.2, state the extent of system implantation/operation, relative to the components per 1.2 above.	(Please Select)
4.3	-Not implemented as yet.	(Please Select)

5.	SYSTEM CERTIFICATION Our QMS has been assessed and currently enjoys certification by an internationally accredited certification body:	(Please Select)
5.2	If Yes to 5.1 state: <ul style="list-style-type: none"> • The registrar's name, • Country of origin and • Registration number • Accreditation body Also provide a copy of the registration certificate/s and accompanying schedules.	
5.3	If No to 5.1 state any other approvals from other bodies/customers	
6.	SYSTEM CERTIFICATION – SUB SUPPLIER/S The QMS of our sub-supplier responsible for finished / semi-finished SSC, products or services fully comply with the requirements of the International codes and standards listed in 3 above.	(Please Select)
6.2	-Our sub-suppliers QMS has been assessed, and currently enjoy certification by an internationally accredited certification body:	(Please Select)
6.3	If Yes to 6.2 state: <ul style="list-style-type: none"> • The registrar's name, • Country of origin and • Registration number. • Accreditation body Also provide a copy of the registration certificate and accompanying schedules.	
6.4	If No to 6.2, provide details	

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7.	DECLARATION OF UNDERSTANDING AND INTENT	
7.1	-We acknowledge having familiarized ourselves with all the requirements of 238-102, and particularly those provisions as listed hereunder:	(Please Select)
7.1.1	-Preparation and submission of a Contract Quality Management Plan. (238-102, Section 3.8.2)	(Please Select)
7.1.2	-Preparation and submission of a Quality Control Plan. (238-102, Section 3.14)	(Please Select)
7.2	---We accept the requirements of 238-102, and confirm our intent to comply fully as required. Also, provide a compliance matrix of your IMS with each requirement of this specification (238-102) to identify the gaps and associated actions for resolution.	(Please Select)

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PART D–CAPABILITY & INFRASTRUCTURE

8.	INFRASTRUCTURE & RESOURCES	
8.1	- The required production plant & equipment are owned by us, are currently available, completely installed and fully operational. - If No to 8.1, provide details of insufficiency.	(Please Select)
8.2	-The necessary inspection & testing equipment to conduct both routine and final tests as required by the specified technical specification(s) is owned by us, is fully operational and permanently available at our production works. - If No to 8.2, provide details of insufficiency.	(Please Select)
8.3	- The required human resources (staff) to undertake the tasks / work relevant to all areas of our supply responsibility are currently available, fully competent and in our permanent employ. - If No to 8.3, provide details of insufficiency. (State job functions, quantities, etc.)	(Please Select)
8.4	-We currently possess the necessary technical design resources to support all the product(s) being offered. Such design staff members are fully qualified, and are currently in our permanent employ. - If No to 8.4, provide details of insufficiency.	(Please Select)
8.5	- We have a formal agreement in place, for the provision of the necessary technical design resources by an associate / sub-supplier/ sub-contractor, in support of the product(s) being offered. If Yes, submit a copy of the formal sub-supplier/ sub-contractor agreement.	(Please Select)
8.6	- All organisations to whom work is being subcontracted, have been formally assessed and approved in terms of their capability & capacity to perform the required work according to specified Eskom requirements. - If Yes, are such supplier evaluation / assessment reports available for review upon request?	(Please Select)

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9.	CURRENT BUSINESS RELATIONSHIP WITH ESKOM	
9.1	- We currently hold Eskom contracts / acceptance for the supply of items other than covered by this formal invitation	(Please Select)
9.2	- If Yes to 9.1 above, list the applicable material groups, incl. details regarding type / size. (Annex info if required.).	(Please Select)

RESPONDENT'S DETAILS	
<p>The respondent, who completes this Annexure A, is deemed to be an official who holds a current and permanent appointment in the company referred in Part A, Sect. 1 above. Furthermore, this official is currently charged with full delegated authority and responsibility for matters concerning the supplier's QMS.</p>	
<p>Full Names (incl. title):</p> <p>Designation / Official Position Held:</p> <p>(Respondent's Contact Details)</p> <p style="text-align: center;"><u>Telephone Details</u></p> <p>International dialling code:</p> <p>Area dialling code:</p> <p>Personal telephone number:</p> <p>Personal telephone extension no:</p> <p>Department / Section facsimile no:</p> <p>Personal e-mail address :</p>	<p>Mr/Ms/Dr/Prof/Etc</p>

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PART E – SUPPLIER’S ADDITIONAL NOTES

(Insert any further explanatory text here as required)

Name:

Signature:

Date:

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