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RISK ASSESSMENT AUDIT FORM

FINANCE DEPARTMENT – PURCHASING SUPPLIER QUESTIONNAIRE						
Name of	Company/Corporation					
Postal Ac	ldress					
Physical address						
Telephone No						
Fax No						
E-mail ad	ldress					
Website						
Represer	ntative/ contact person					
Directors Full name numbers)	, members (Surname, es, Title and ID					
	a registered	No		Yes		
member/company of the South African Pharmacy Council?		If yes to the above provide de				
Type of Company/Close Corporation		Private	Affiliate	Group of Companies		
Related Entities/Companies, please list		Name of the company	Relationsh Sharehold			
GENERAL						
1.	VAT Registration Nr					
2.	Number of years in business					

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3.	Products/Services offered						
4.	Total number of employees						
5.	Composition of staff	Black		Female			
		Coloured					
		Indian		Male			
		White					
		Other					
6.	Ownership Profile	Black		Female			
		Coloured					
		Indian		Male			
		White					
		Other					
7	BBBEE Rating						
8	Annual Turnover						
9	Last audited accounts/ financial statements						
10	Auditors/ Accountant						
11	No. of Branches or div the company	isions within					
12	List 3 major companies you presently service/ do business with (references). Please supply contact number and contact persons						
	Name	Tele	phone/Mobile	E-mail	E-mail		
		SE	RVICE				
1.	Are you prepared to b	Are you prepared to be subject to a systems auditor?					
2.	Is a retention fee acc	Is a retention fee acceptable, where applicable?					
3.	Do you have a stable	Do you have a stable work force?					

QUESTIONNAIRE COMPLETED BY			
SIGNATURE			
DATE			
DATE			

COMPANY STAMP