

## RISK ASSESSMENT AUDIT FORM

FINANCE DEPARTMENT – PURCHASING SUPPLIER QUESTIONNAIRE			
Name of Company/Corporation			
Postal Address			
Physical address			
Telephone No			
Fax No			
E-mail address			
Website			
Representative/ contact person			
Directors, members (Surname, Full names, Title and ID numbers)			
Are you a registered member/company of the South African Pharmacy Council?	No	Yes	
	If yes to the above provide details:		
	_____ _____		
Type of Company/Close Corporation	Private	Affiliate	Group of Companies
Related Entities/Companies, please list	Name of the company	Relationship and Shareholding	
GENERAL			
1.	VAT Registration Nr		
2.	Number of years in business		

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 divisions within the company				
12	List 3 major companies you presently service/ do business with (references). Please supply contact number and contact persons				
	<b>Name</b>	<b>Telephone/Mobile</b>	<b>E-mail</b>		
<b>SERVICE</b>					
1.	Are you prepared to be subject to a systems auditor?				
2.	Is a retention fee acceptable, where applicable?				
3.	Do you have a stable work force?				

**QUESTIONNAIRE COMPLETED BY****SIGNATURE****DATE**

<b>COMPANY STAMP</b>