

## Supplier Accreditation Form

Document #: SCF01-0005

Version #: 17.0

### Select the Best Bar Entity (Branch) for Trading

<b>Best Bar Pty Ltd (WA NT)</b> ABN 48 068 713 539	<b>Best Bar (NSW) Pty Ltd</b> ABN 45 087 961 135	<b>BestBar (VIC) Pty Ltd (VIC SA)</b> ABN 65 086 622 273
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## 1 Supplier / Contractor Company Information

Company Name:		Trading Name:	
ABN:	Street Address:		
Suburb:	Post Code:	State:	Country:
Finance Contact Name:	Phone Number:	Email:	
<b>Bank Details</b>			
Bank:	Account Name:		
Branch:	BSB:	Account Number:	
Credit Limit:	Payment Terms: 30 Days EOM (End of Month)		

## 2 Products / Services Review

Please describe the products and or services offered by your company. Include indicative lead times and also nominate the cost drivers for the product /service. Attach a separate review or page if required.

Product / Service	Lead Time	Cost Drivers – (Labour cost / hr?)

## 3 Health Safety Environment & Quality Review

Note this is required for all Contractors working on Best Bar sites

Will you be working on a Best Bar site? If <b>Yes</b> , provide a copy of task specific JSEA/SWMS.	Yes      No	Start Date:
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**Site HSE Inductions**

Name	Phone Number	Email

**Health and Safety**

	Yes	No	Comment
Has your company received any improvement or prohibition notices or been prosecuted by any statutory authorities in last three years?			
Does the company have AS/NZS ISO4801 or ISO45001 certification? <i>If Yes, provide evidence and proceed to "Environment"</i>			
Does your company have a documented Health and Safety policy? <i>If Yes, please attach a copy of the policy.</i>			

**Environment**

Does your company have AS/NZS ISO 14001 certification? <i>If Yes, please provide evidence and proceed to "Quality"</i>			
Does your company have a documented Environmental policy? <i>If Yes, please attach a copy of the policy.</i>			

**Quality**

Does your company have an AS/NZS ISO 9001 certification? <i>If Yes, please provide evidence and proceed to "Product"</i>			
Does your company have a documented Quality policy? <i>If Yes, please attach a copy of the policy.</i>			

**Product**

Does your product meet the requirements of the applicable standard? <i>If Yes, please provide evidence.</i>			
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**Product (Continued)**

Test certificate:
Technical note:
Production Certification:
Safety Data Sheet:

**Commercial Carrier** (Transport providers only)

Does your company successfully completed the National Heavy Vehicle Accreditation Scheme (NHVAS) <i>If Yes, provide evidence?</i> <i>If the answer is No, complete below section</i>	Yes	No	
Does your company have a Fatigue Management Program/ Plan? <i>If Yes, provide evidence.</i>	Yes	No	
<i>Does your company have a documented Drug and Alcohol policy? If Yes, please attach policy.</i>	Yes	No	
<i>Does your company have a HVNL/CoR Transport management Plan? If Yes, please provide evidence</i>	Yes	No	

**Improvement**

Is your company committed to working with Bestbar to further improve elements of your HSEQ systems?	Yes	No	
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**Insurance Details**

Provide copy as applicable			Policy Number	Value Insured \$	Expiry Date
Workers Compensation Insurance	Yes	No			
Public Product Liability Insurance	Yes	No			
Professional Indemnity Insurance	Yes	No			
Motor Vehicle Insurance	Yes	No			
Goods in Transit / Marine Cargo Insurance	Yes	No			

## Supplier Declaration

- I have read and agree to the Terms and Conditions of purchase by Best Bar Pty Ltd, BestBar (VIC) Pty Ltd and Best Bar (NSW) Pty Ltd which is available for review here: [Services](#) or [Product](#)
- I have read and agree to the Supplier Code of Conduct which is [available for review here](#)
- I hereby declare the information provided is a true and accurate reflection of my Company's management system and processes.

**Your Name**

**Position**

**Date**

**Your Signature**



Please save the form and email back to your Bestbar representative.

## Internal Use Only

### 1 Details (If you are requesting the supplier please fill this section)

Payment Terms:	Supplier Classification:
Public Product Liability Insurance	Vendor Risk:      High      Med      Low
Estimated Monthly Spend:	

### 2 Branch Signature

Position	Name	Date	Signature
Supplier Requested By			
Department Manager			

### 3 Head Office Approval

Bestbar AP, HSEQ, Central Procurement and Finance department to review the information provided and confirm either of the following:

	AP checked details provided and verified validity
	Further information is required. HSE to advise (if applicable) Please contact the supplier to provide the following information/documents and re-submit:
	Additional Information are Fulfilled/Completed
	Supplier / contractors are APPROVED for use
	Supplier / contractors are NOT APPROVED for use. Detail reason for decision below:

### 4 Head Office Signature

Position	Name	Date	Signature
HSE Approval			
Central Procurement Manager Approval			
Finance Approval			

## Internal Use Only

### 5 AP Final Checklist

	Supplier Account created in GP
	Best Bar Pty Ltd   Creditor ID BestBar (VIC) Pty Ltd   Creditor ID Best Bar (NSW) Pty Ltd   Creditor ID
	Supplier Accreditation Forms Uploaded to Bestnet
	Supplier Credit Application form Completed and Uploaded in Bestnet (If applicable)
	Supplier Account Created in Skytrust
	Insurance Documents Uploaded in Skytrust